

Water Sector Program User Access Request Form

Access Type: () Creator () Submitter () Consultant/Engineer/Architect

System Name:

System Category: Water Sewer System Type:

LDH Region Number: System FEIN /Tax Id:

PWS ID and/or DEQ Agency System UEI Number:

Interest Number:

LaGov Vendor Number: Vendor Registration in progress

A vendor ID is required to receive payment. Please click [here](#) to register.

Name of user: Last 4 SSN:

Title of user:

Parish:

Mailing Address:

User Email Address: User Telephone Number:

Signature of user: Date:

Name of Chief Executive Officer of system (printed):

Title (printed): Date:

Signature of Chief Executive Officer of system: