Water Sector Program User Access Request Form

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

System Name:

System Category: ☐ Water ☐ Sewer System Type: Tribal

LDH Region Number:

System FEIN /Tax Id:

PWS ID and/or DEQ Agency Interest Number:

System DUNS 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: