



**Sanitary Sewer Reference**

**and Emergency Contact List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Department/Agency:** |  | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |
| **Department/Agency:** |  | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |
| **Department/Agency:** | STATE WATER RESOURCES BOARD | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |
| **Department/Agency:** | LOCAL HEALTH DEPARTMENT | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |
| **Department/Agency:** | POLICE DEPT. (Non-Emergency) | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |
| **Department/Agency:** | FIRE DEPT. (Non-Emergency) | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |
| **Department/Agency:** | CLEANUP CONTRACTORS | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |
| **Department/Agency:** | AGENCY’S MEDIA SPOKESPERSON | | | | |
| Primary Contact: |  | Phone: |  | Pager: |  |
| Secondary Contact: |  | Phone: |  | Pager: |  |

**A list of all emergency cleanup or pumping equipment and where it is stored is attached.**

Last Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This model form/template must be customized to meet your Agency’s needs.**