



Service Department

CRITICAL WATER USER CONTACT INFORMATION

Please submit the following information to the Service Department as soon as possible.

Facility Name:
Facility Address:
Hours of Operation:
Email Address:
Facility Phone Number:
1 st Emergency Contact Name & Phone Number:
2 nd Emergency Contact Name & Phone Number:
Do you have backup water systems / water supplies? If yes, please describe.
Signature of Owner or Responsible Official:

Completed form should be sent to: Leslie McDermott
 Utilities Program Coordinator
 City of Springfield
 2100 Lagonda Ave.
 Springfield, Ohio 45503

Form may be emailed to: lmcdermott@springfieldohio.gov

Form may be faxed to: (937) 324-7733