



**Water Quality Assurance Revolving Fund (WQARF)  
Mailing List Form and Community Advisory  
Board (CAB) Membership Application**

**Site Name: 7th Street and Missouri Avenue**

If you would like to be added to the site mailing list, please fill out the top portion of this form and return it to ADEQ. If you would like to apply to serve on the CAB, please also complete the bottom portion of this form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization / Association: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers: (home:) \_\_\_\_\_ (work:) \_\_\_\_\_

(mobile:) \_\_\_\_\_ (other:) \_\_\_\_\_

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**Application for CAB Membership**

How long have you lived in or near the Site? \_\_\_\_\_

Are you willing to make a commitment to serve on the CAB for at least 1 year? \_\_\_\_\_

Are you able to attend at least four meetings a year? \_\_\_\_\_

What day(s) / time(s) would be best for you to attend meetings? \_\_\_\_\_

Please explain why you would like to serve on the CAB (attach a separate sheet if needed):

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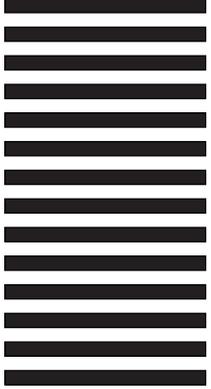
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Return this application to:

ADEQ, Community Involvement Coordinator – 6<sup>th</sup> Floor, 1110 West Washington, Phoenix, AZ 85007  
or fax to (602) 771-4272. For more information, visit ADEQ’s Web site at [www.azdeq.gov](http://www.azdeq.gov) or 602-771-2300.



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