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| COMMUNICATIONS WITH LOCAL AUTHORITIES | | |
| **Date of Communication:** |  | |
| **Type of Communication: (Phone Call, In-person, Other)** |  | |
| **Individual Contacted**  **(Include Telephone Number):** |  |
| **Title of the Individual Contacted:** |  |
| **Agency Contacted:** |  |
| **Purpose and Content of the Communication:** |  |
| **Facility Representative:** |  |
| **Title of the Facility Representative:** |  |
| **Signature of the Facility Representative:** |  |

*Note: This template is provided as a courtesy for informational and convenience purposes only. ADEQ assumes no liability for the use of this template in conjunction with safety efforts at your facility.*