Site Name: Lake Havasu Ave and Holly Ave

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:) ___________________________

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):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Fold and tape to return this application to:
ADEQ, Community Involvement Coordinator – 6th 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 or 602-771-2300.