



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

**Site Name: Miller Valley Rd. and Hillside 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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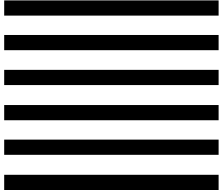
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Fold and tape to return this application to:

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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ATTN: COMMUNITY INVOLVEMENT COORDINATOR  
AZ STATE DEPT OF ENVIRONMENTAL QUALITY  
6TH FLOOR, 1110 W WASHINGTON ST STE 127  
PHOENIX AZ 85007-9973

