



Discharge Monitoring Report (DMR) Signature Authorization Form

Permittee Name: _____ NPDES/State Permit No.: _____

Facility Name: _____ Date: _____

Name of person described in paragraph 1, 2, or 3:	Title:
Signature of person described in paragraph 1, 2, or 3:	Date:

THE PERMITTEE MUST NOTIFY ECOLOGY OF ANY CHANGE IN THIS INFORMATION DURING THE LIFE OF THE PERMIT

Name and/or Title of person responsible for signing DMRs:	Phone: ()		
Mailing Name:			
Mailing Address:	City:	State:	Zip Code:

Name and/or Title of person responsible for signing DMRs:	Phone: ()		
Mailing Name:			
Mailing Address:	City:	State:	Zip Code:

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Name and/or Title of person responsible for signing DMRs:	Phone: ()		
Mailing Name:			
Mailing Address:	City:	State:	Zip Code:

Return To: The Department of Ecology
 _____ Regional Office
 Permit Administrator

