



**CITY OF AUSTIN - WATERSHED PROTECTION DEPARTMENT
AUSTIN CLEAN WATER PARTNERS PROGRAM
REQUEST FOR PARTICIPATION**

Dear Business Owner:

The City of Austin Watershed Protection Department is pleased to report the continued success of the Austin Clean Water Partners Program. The program goal to reduce pollution and water quality degradation of our creeks and lakes can only be achieved with the cooperative efforts of concerned business owners such as you, and City staff. Businesses who participate in the program are recognized by the City for their special efforts to help protect Austin's water quality and related natural resources. As many of today's consumers are looking for environmentally-conscious businesses, being a participant in the program could provide an additional service your business can offer to meet your customer's needs.

City staff can help interested businesses in meeting the program criteria.

If you are interested in participating in the Austin Clean Water Partners Program, please fill out the attached form and return it to us by **fax at 974-6337**, or mail it to: **City of Austin - Watershed Protection Department, Stormwater Discharge Permit Program, P.O. Box 1088, Austin, TX 78767**. Upon receipt of the form, we will contact you concerning your interest in participation in the program. If you have questions or would like more information, please contact me at 974-3565.

Sincerely,

Christopher M. Miller, Environmental Compliance Specialist
Watershed Protection Department



PARTICIPATION QUESTIONNAIRE
AUSTIN CLEAN WATER PARTNERS PROGRAM
 CITY OF AUSTIN - WATERSHED PROTECTION DEPT.
 P.O.BOX 1088 AUSTIN, TEXAS 78767 (512)974-2550

BUSINESS NAME:		CORPORATION NAME (if any):	
BUSINESS LOCATION ADDRESS:			BUSINESS PHONE NUMBER:
BUSINESS CONTACT:	BUSINESS CONTACT TITLE:		PERMIT NUMBER:

If you would like to participate in the Austin Clean Water Partners Program, check the following box. Please sign below and return this form to the Watershed Protection Department at the address listed at the bottom of this form. Thank you.

Yes, I want to participate.

Business Representative (Sign/Print)	Business Representative Title	Date/Time

If you do not wish to participate in the Austin Clean Water Partners Program, please check the following box. Please indicate the reason(s). Sign directly below and return this form to the Watershed Protection Department. Thank you.

I do not wish to participate at this time.

Reason(s): _____

Business Representative (Sign/Print)	Business Representative Title	Date/Time

Any additional comments: _____

Please return this form to the following address:

City of Austin
Watershed Protection Department
Attn: Stormwater Discharge Permit Program
P.O. Box 1088
Austin, Texas 78767
Or
Fax to: 512-974-6337