

# ALLIANCE OF DOWNRIVER WATERSHEDS

The designated representative of the community/agency is:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No. Fax No.

\_\_\_\_\_  
E-mail Address

*Please forward completed form to:*

**Vicki Putala  
Orchard, Hiltz, and McCliment  
34000 Plymouth Road  
Livonia, MI 48150  
734-522-6711 phone  
734-522-6427 fax**

The alternate representative of the community/agency is:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No. Fax No.

\_\_\_\_\_  
E-mail Address

If applicable, an alternate representative of the community/agency is:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No. Fax No.

\_\_\_\_\_  
E-mail Address

I designate these representatives on behalf of the community/agency of

\_\_\_\_\_:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Printed or Typed Title