

TAUD Utility Database Update Form

You may fax the completed form to (615) 898-8283 or email to: ToniaPass@taud.org.

Utility Name:

Contact Person	Phone #	Fax #	Emergency #	Board Meeting Date:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Board Meeting Time	<input type="text"/>
E-Mail	Web Site			Board Meeting Location	<input style="width: 100%; height: 30px;" type="text"/>
<input type="text"/>	<input type="text"/>				
Mail Address	Mail City	Mail Zip Code		County(ies):	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Ship Address	Ship City	Ship Zip Code		Office Hours	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>			
# of Counties in Service Area	# of Residential Meters	# of Commercial Meters:	# of Backflow Preventers		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Water

Contact Person	Phone Number	Fax Number	E-Mail	Water Connections
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Address	Mail City	Mail Zip Code		Design Capacity
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Water Source	Treatment Grade	PWSID Number		Miles of Water Pipe
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

Distribution /Collection

Contact Person	Phone Number	Fax Number	E-Mail	Treatment Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Address	Mail City	Mail Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Wastewater

Contact Person	Phone Number	Fax Number	E-Mail	Wastewater Connections
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Address	Mail City	Mail Zip Code		Miles of Wastewater Pipe
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Treatment Grade	NPDES Number	Design Capacity		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Gas

Contact Person	Phone Number	Fax Number	E-Mail	Miles of Gas Pipe
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Address	Mail City	Mail Zip Code	Gas Connections	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Commissioner

Commissioner: **Position:** **Commissioner Term Expires:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Elected Self Appointed County Mayor Appoints Other

