



STATE of CONNECTICUT DEPARTMENT of PUBLIC HEALTH
Drinking Water Section

PWS WebEOC Credentials Request

PWS ID *	
PWS Name*	

First Name:

Last Name:

Phone:

Email:

First Name:

Last Name:

Phone:

Email:

First Name:

Last Name:

Phone:

Email:

First Name:

Last Name:

Phone:

Email:

First Name:

Last Name:

Phone:

Email:
