Connecticut Department of Public Health
Drinking Water Section

Wide Area Notification System (WANS) Contact Information Form

INSTRUCTIONS

Please refer to the field descriptions found below when completing the attached WANS Contact Information Form. Please contact us at 860-509-7333 if you have any questions. Thank you.

Field	Description
Address Type	Work, Home
Address 1	Street Address
Address 2	P.O. Box, Suite, etc.
City	Town/ City
State	State Abbreviation
Zip Code	6 Digit Zip Code
Phone Number 1	Work, Home, Cell, Nextel, Emergency Number
Extension 1	Extension Number
Phone Number Type 1	10 Digit Number
Phone Number 2	Work, Home, Cell, Nextel, Emergency Number
Extension 2	Extension Number
Phone Number Type 2	10 Digit Number
Phone Number 3	Work, Home, Cell, Nextel, Emergency Number
Extension 3	Extension Number
Phone Number Type 3	10 Digit Number
Phone Number 4	Work, Home, Cell, Nextel, Emergency Number
Extension 4	Extension Number
Phone Number Type 4	10 Digit Number
Phone Number 5	Work, Home, Cell, Nextel, Emergency Number
Extension 5	Extension Number
Phone Number Type 5	10 Digit Number
Fax Number	10 Digit Fax Number
Pager Number	10 Digit Pager Number
Pager Type	Alpha, Numeric
Email address	Email address
Job Title	Current Job Title with Agency
Agency	Agency, Department, etc.
Access Level	Contact, Administrator or Activator
Pager Vendor	Name of Pager Company, Skytel, etc.
Pager Email address	Used for alphanumeric pages
Pager Code	Code to use if pager cannot be directly dialed
Country	Country associated with above address
County	County associated with above address
Time Zone	Time zone associated with above address

Connecticut Department of Public Health
Drinking Water Division

<u>Wide Area Notification System (WANS) Contact Information Form</u>

Name [   ] [   ] [   ]
(First)   (Middle Initial)   (Last)

Address Type [   ]
(Work, Home)

Street Address [   ]
P.O.Box, Suite, etc. [   ]
City [   ] State [   ] Zip Code [   ]

<u>Phone Numbers</u> (List in order with 1 being your most reachable, 2 being your next most reachable and so forth.)

	Phone	Extension	Type
1		Extension	Type[a]
2		Extension	Type
3		Extension	Type
4		Extension	Type
5		Extension	Type

[a] Work, Home, Cell, Nextel, Emergency Number

Fax Number [   ]
Pager Number [   ] Pager Type[b] [   ]
[b] Alpha, Numeric, Alpha/Numeric

Email Address [   ]
Job Title [   ]
Name of Utility [   ] PWSID # **CT** [   ]
Access Level[c] [   ]

[c] Primary, Secondary or Tertiary Contact (primary would be the first person to be contacted, secondary the second person and tertiary the third person.) Please keep in mind that the first contact to acknowledge receipt of the DPH message will stop the phone tree call down for your public water system.

Pager Vendor[d] [   ] Pager Email Address[e] [   ]
[d] Name of Pager Company, Skytel, etc.
[e] Only used for alphanumeric pages

Pager Code[f] [   ]
[f] Code to use if pager cannot be directly dialed

Country[g] [   ] County[h] [   ] Time Zone[i] [   ]
[g] Country associated with above address
[h] County associated with above address
[i] Time Zone associated with above address

I certify this information to be correct.

_____ _____
Print Name   Title

_____ _____
Signature   Date

Return signed form to:
State of Connecticut
Department of Public Health
Drinking Water Division
P.O. Box 340308
Hartford, Connecticut 06134
(860) 509-7333

For DWD Use Only

Identification: [   ]

3/2005