

Certification of Completion of Vulnerability Assessment For Public Water Supplies

A final step in completing the "Security Vulnerability Self-Assessment Guide for Public Water Supplies" is to submit this form to the appropriate address for record-keeping purposes. This form should be submitted to the Illinois Rural Water Association, P. O. Box 6049, Taylorville, Illinois 62568. This information will be entered into the Vulnerability Assessment Rural Development database to serve as a record that your public water supply has completed the V.A. and has met this requirement in the loan and/or grant application process.

Public Water System
(PWS) ID: Number:

System Name:

Address:

Town/City:

State:

ZIP Code:

Phone:

Fax:

Email:

Person Name:

Title:

Address:

Town/City:

State:

ZIP Code:

Phone:

Fax:

Email:

24 Hour Emergency Contact Information for Your System:

Contact Person:

First Name: _____

Last Name: _____

Daytime Phone:

Fax:

Emergency Phone :

E-mail :

Cell Phone:

I certify that the information in our system's vulnerability assessment has been completed to the best of my knowledge and that the appropriate parties have been notified of this completion. A copy of the completed assessment will be retained at the public water system, in a secure location, for Rural Development review as requested.

Signed _____

Date _____