TCEQ Logo, clouds on the horizon above the letters TCEQFinancial, Managerial, and Technical (FMT) Assistance Contract

Objective 5 Assignment: Special Assistance

Instructions: Fill in all shaded fields and then email the form to [FMT@tceq.texas.gov](mailto:FMT@tceq.texas.gov).

|  |  |  |  |
| --- | --- | --- | --- |
| Referred By: | Referred By | | |
| System Name: | System Name | | |
| Physical Location: | Physical Location | | |
| County: | County | TCEQ Region: | TCEQ Region Number |
| PWS ID or WW Permit Number: | | CCN Number: | |
| PWS ID or WW Permit Number | | CCN Number | |
| Customer Reference Number (CN): | | Regulated Entity Number (RN): | |
| CN | | RN | |
| Type of System (select one): | | | |
| WSC | District | Municipality | IOU |
| Enforcement Information: | | | |
| In Enforcement: | Yes | No | Pending |
| Docket Number: | Enforcement Docket Number | | |
| Nature of Referral: | | | |
| Research | Survey – Written | Survey – Phone | File Search |
| Meeting Attendance | Brochure Development | Customer Outreach | Other (explain below): |
| Explanation of Other | | | |
| Contractor Name(s): | Contractor Name(s) | | |
| Assignment Goal: | Assignment Goal | | |
| Specific Instructions: | Specific Instructions | | |
| Contractor will be reimbursed for time expended on this assignment at the hourly rate commensurate with the personnel of the contractor. | | | |
| Contact Information: | | | |
| System Contact: | System Contact | Primary Phone: | Primary Phone |
| Title: | Title | Secondary Phone: | Secondary Phone |
| Attachments: | | | |
| CCI | NOE/NOV | Enforcement Order | Correspondence |
| Other (explain): | Explanation of Other Attachment(s) | | |
| **To Be Completed By TCEQ:** | | | |
| Instructions: | Special Instructions | | |
| Assignment Date: | Assignment Date | Log Number: | Z-Log Number |
| Priority: | Routine | Medium | High |