



TCEQ Financial, Managerial, and Technical (FMT) Assistance Contract

Assignment Form

To Be Completed By TCEQ:

Assignment Date:	Date	Log Number:	Choose a Prefix-Log Number	Priority:	Choose a Priority
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Assignment Information:

Assignment Type:	Choose an Assignment Type		
Referred By:	Referred By		
Other Interested TCEQ Staff:	Other Interested TCEQ Staff		
PWS ID or WQ Permit No.:	PWS ID or WQ Permit Number		
System or Assignment Name:	System or Assignment Name		
Physical Location:	Physical Location		
County:	County	TCEQ Region:	Choose a Region
Owner Type:	CCN Number:		
Choose an Owner Type	CCN Number		
Customer Reference Number (CN):	Regulated Entity Number (RN):		
CN	RN		

Enforcement Information:

In Enforcement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Docket Number:	Enforcement Docket Number		

Assignment Tasks and Description:

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Primary System Contact:

Name:	Name	Primary Phone:	Primary Phone
Title:	Title	Secondary Phone:	Secondary Phone
Email:	Email Address		

Optional Secondary System Contact:

Name:	Name	Primary Phone:	Primary Phone
Title:	Title	Secondary Phone:	Secondary Phone
Email:	Email Address		

Attachments:

<input type="checkbox"/> CCI	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Enforcement Order	<input type="checkbox"/> NOE/NOV	<input type="checkbox"/> PIF No. IUP PIF No.
<input type="checkbox"/> Other (explain): Explanation of Other Attachment(s)				