



### Change of Contact(s) for all Permits, Certifications & Authorizations

This form must be submitted for changes made to any of the contacts or information listed below. A separate form must be filled out for each Permit, Certification or Authorization. This form must be signed by the Permittee’s Authorized User as defined by Section 13.32.020 of the City of Louisville Municipal Code.

#### A. FACILITY INFORMATION

Permittee Organization Formal Name <sup>(1)</sup>: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Permit, Certification or Authorization Number: \_\_\_\_\_

#### B. CHANGE OF CONTACT(S)

**1. PERMITEE or AUTHORIZED REPRESENTATIVE** – the person authorized to sign and certify the permit application. This person receives all permit correspondences and is legally responsible for compliance with the permit.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. SMR COGNIZANT or AUTHORIZED AGENT** – the person authorized to sign and certify reports required by permit, including: Self-Monitoring Reports (SMRs), Annual Reports, Compliance Schedule submittals and other information requested by the Program. If more than one person, please add additional pages.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(1) The legally responsible organization is either the owner or operator of the facility or project to which the permit has been issued, or both if designated as co-permittees by the Division.

**3. SITE CONTACT** – the local contact for questions relating to the facility and discharge authorized to the facility by permit.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. BILLING CONTACT** (if different from Permittee)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**C. REQUIRED CERTIFICATION STATEMENT**

**I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_