

How to Join LaWARN

Water/Wastewater Agency Response Network (LaWARN) Mutual Assistance Agreement Emergency Contact List

PWSID #: _____ Water Wastewater

System Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parish: _____ Email: _____

24-Hr. Telephone #: _____

Primary Emergency Contact:

Name: _____ E-Mail: _____

Telephone: __ (____) _____ Cell Phone: __ (____) _____

Secondary Emergency Contact:

Name: _____ E-Mail: _____

Telephone: __ (____) _____ Cell Phone: __ (____) _____

Emergency Operation Center:

Name: _____ E-Mail: _____

Telephone: __ (____) _____ Cell Phone: __ (____) _____

of Customers:

_____ **Water**

_____ **Wastewater**

(Return completed form to LRWA, 337-738-5620 fax)