



**City of Conneaut
Water Department
Critical Water Users
Contact Information**

Name of resident or Facility: _____

Address: _____

Hours of Operation (if applicable): _____

Emergency Contact Person: _____

Email Address: _____

Phone Number: _____

Description of Facility Function (if applicable) _____

Do you have a backup water system/water supply? If yes, please describe: _____

Signature of owner or responsible official: _____

Send completed for to:
City of Conneaut Water Department
Critical Water User Program
294 Main St.
Conneaut, Ohio 44030