

CMT Gives Back Application

Applicant Information

Name _____

Title _____ Length of time in this position _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Mobile _____

Email _____

Alternate contact in your organization:

Name _____

Title _____

Phone _____ Mobile _____ Email _____

Facility Information

Name of facility _____

Physical address of facility _____

City _____ ST _____ Zip _____ Phone _____

WTP ___ WWTP ___ Other _____

Year put in service _____ Number of customers served _____

What needs attention? (List in order of urgency, 1 being most important):

1. _____

2. _____

3. _____

Are you a publicly owned system? Yes No

Name of the infrastructure to be rehabbed _____

List type of substrate (concrete, steel, etc.) _____

Age of structure _____

Dimensions _____

Describe condition _____

Is there an existing coating? If yes, what type of coating? _____

Describe problem and scope of necessary repairs _____

Included: Drawings Schematics Engineer's Report

Tell us the distance from the water and electrical utilities to the asset.

WATER _____

ELECTRICAL _____

Describe the water source (tap, hydrant, water pressure) _____

Can you provide a lift, if necessary? Yes No

Can you provide a generator, if necessary? Yes No

What year was your last significant maintenance project? _____

Tell us about it in 2-3 sentences _____

Do you budget annually for maintenance coatings & corrosion prevention? Yes No
Do you primarily handle corrosion control problems with in-house staff? Yes No

Have you used high performance protective coatings? Yes No

How are your projects specified? _____

If you use an engineering firm, please provide:

Name of firm _____

Your contact at the firm _____

Phone _____ Mobile _____

Email _____

Tell us in a few words how being selected will benefit your citizens: _____

CMT Gives Back Agreement

If selected, I give CMT, its sponsors and collaborating organizations the right to use, edit, publicize and reproduce freely:

- before and after photos of the facility to be rehabbed
- bios of our key personnel
- film, videotape, recordings of my voice and written statements I make in connection with the CMT Gives Back program

I understand that CMT will use these items for marketing, promotions, media publications, videos and other materials. I agree that neither I nor my municipality will receive compensation for such usage.

I have read this application form, understand its contents and represent that I am legally competent to sign on behalf of myself and the municipality, and am not aware of any agreement with any other party that would conflict with these terms. To the best of my knowledge, the information provided is true and complete.

Signature _____ Date _____

Printed Name _____

Title _____