

ATTACHMENT I

TCWA

Well Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Location of Well: Longitude _____ Latitude _____

Physical Address of Well: _____

Signature

Date

By my signature above, I am granting TCWA access to my property to complete the water well inspection and claim activity. I am aware that the timeline for reimbursement from TCWA for eligible wells will be at the sole discretion of TCWA based on availability and timing of funds in the Mitigation Fund Program.