



**REGISTRATION FORM FOR  
BEST TASTING DRINKING WATER**

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

Write as to appear on the Award

**Mailing Address**

Street Address: \_\_\_\_\_

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

**Contact Information**

Applicant Contact Name: \_\_\_\_\_

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