

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

EventID \_\_\_\_\_

Affected Utility Customer Information

| No. | Last Name | First Name | Street Address | City | State | Zip | Reclaimed Water Service (Yes or No) |
|-----|-----------|------------|----------------|------|-------|-----|-------------------------------------|
| 1   |           |            |                |      |       |     |                                     |
| 2   |           |            |                |      |       |     |                                     |
| 3   |           |            |                |      |       |     |                                     |
| 4   |           |            |                |      |       |     |                                     |
| 5   |           |            |                |      |       |     |                                     |
| 6   |           |            |                |      |       |     |                                     |
| 7   |           |            |                |      |       |     |                                     |
| 8   |           |            |                |      |       |     |                                     |
| 9   |           |            |                |      |       |     |                                     |
| 10  |           |            |                |      |       |     |                                     |
| 11  |           |            |                |      |       |     |                                     |
| 12  |           |            |                |      |       |     |                                     |
| 13  |           |            |                |      |       |     |                                     |
| 14  |           |            |                |      |       |     |                                     |
| 15  |           |            |                |      |       |     |                                     |
| 16  |           |            |                |      |       |     |                                     |
| 17  |           |            |                |      |       |     |                                     |
| 18  |           |            |                |      |       |     |                                     |
| 19  |           |            |                |      |       |     |                                     |
| 20  |           |            |                |      |       |     |                                     |
| 21  |           |            |                |      |       |     |                                     |
| 22  |           |            |                |      |       |     |                                     |
| 23  |           |            |                |      |       |     |                                     |
| 24  |           |            |                |      |       |     |                                     |
| 25  |           |            |                |      |       |     |                                     |
| 26  |           |            |                |      |       |     |                                     |
| 27  |           |            |                |      |       |     |                                     |
| 28  |           |            |                |      |       |     |                                     |
| 29  |           |            |                |      |       |     |                                     |
| 30  |           |            |                |      |       |     |                                     |
| 31  |           |            |                |      |       |     |                                     |
| 32  |           |            |                |      |       |     |                                     |
| 33  |           |            |                |      |       |     |                                     |
| 34  |           |            |                |      |       |     |                                     |
| 35  |           |            |                |      |       |     |                                     |

Please attach additional sheets as necessary.

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

EventID \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

Unaffected Utility Customer Information

| No. | Last Name | First Name | Street Address | City | State | Zip | Reclaimed Water Service (Yes or No) |
|-----|-----------|------------|----------------|------|-------|-----|-------------------------------------|
| 1   |           |            |                |      |       |     |                                     |
| 2   |           |            |                |      |       |     |                                     |
| 3   |           |            |                |      |       |     |                                     |
| 4   |           |            |                |      |       |     |                                     |
| 5   |           |            |                |      |       |     |                                     |
| 6   |           |            |                |      |       |     |                                     |
| 7   |           |            |                |      |       |     |                                     |
| 8   |           |            |                |      |       |     |                                     |
| 9   |           |            |                |      |       |     |                                     |
| 10  |           |            |                |      |       |     |                                     |
| 11  |           |            |                |      |       |     |                                     |
| 12  |           |            |                |      |       |     |                                     |
| 13  |           |            |                |      |       |     |                                     |
| 14  |           |            |                |      |       |     |                                     |
| 15  |           |            |                |      |       |     |                                     |
| 16  |           |            |                |      |       |     |                                     |
| 17  |           |            |                |      |       |     |                                     |
| 18  |           |            |                |      |       |     |                                     |
| 19  |           |            |                |      |       |     |                                     |
| 20  |           |            |                |      |       |     |                                     |
| 21  |           |            |                |      |       |     |                                     |
| 22  |           |            |                |      |       |     |                                     |
| 23  |           |            |                |      |       |     |                                     |
| 24  |           |            |                |      |       |     |                                     |
| 25  |           |            |                |      |       |     |                                     |
| 26  |           |            |                |      |       |     |                                     |
| 27  |           |            |                |      |       |     |                                     |
| 28  |           |            |                |      |       |     |                                     |
| 29  |           |            |                |      |       |     |                                     |
| 30  |           |            |                |      |       |     |                                     |
| 31  |           |            |                |      |       |     |                                     |
| 32  |           |            |                |      |       |     |                                     |
| 33  |           |            |                |      |       |     |                                     |
| 34  |           |            |                |      |       |     |                                     |
| 35  |           |            |                |      |       |     |                                     |

Please attach additional sheets as necessary.