

**Kentucky's Small System
Peer Review Program
Volunteer Application**

Name: _____ Title: _____

Representing: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I would like to volunteer for:

- _____ Water Treatment – *Groundwater* ____ *Surface Water* ____
- _____ Distribution
- _____ Finished Water Storage
- _____ Pumps/Pump Facilities & Controls
- _____ Monitoring, Reporting & Data Verification
- _____ Water System Management & Operations

My skills include: *(For example: Operations & Maintenance; Management (Billing, Financing, Budgeting, Rates); Water Line Repair; Water Loss; Meter Testing & Repair, etc.)*

Name and title of the person in your utility or company who is authorizing your participation in Kentucky's Small System Peer Review Program.

Name Title

Applicant's Signature Date

Please mail form(s) to: Kentucky Association of Counties
380 King's Daughters Drive, Frankfort, KY 40601
or Fax: 502.223.1502