

AGENCY WATER USE REPORT

DUE BY JULY 1, 2001

USE THIS FORM TO SUMMARIZE WATER AUDIT INFORMATION FOR YOUR AGENCY

NAME OF AGENCY BEING AUDITED _____

AGENCY RESPONSIBLE FOR AUDIT _____

Number of Facilities _____

**Average daily water use for the agency during
calendar year 2000** _____ gallons per day

A separate State Facilities Water Audit Form is required for
each facility for which your Agency is responsible.

Water Conservation Coordinator _____

Signature: _____ Date: _____

Phone Number: _____ E-mail address: _____

Mailing Address: _____

Please mail Report to:

**MARYLAND DEPARTMENT OF THE ENVIRONMENT
WATER SUPPLY PROGRAM**
1800 Washington Blvd, Baltimore, Maryland 21230

For questions please call: (410) 537-3702 or (800) 633-6101 ext, 3702