



TULE BASIN WATER QUALITY COALITION

2904 W. Main Street, Visalia, CA 93291 • (559) 733-2948 • www.tbwqc.com

AUTHORIZED AGENT RELEASE FORM

I hereby authorize _____ or its representatives to communicate on my behalf and complete all required forms as my Agent with the Tule Basin Water Quality Coalition. I will remain the Member of record with the Coalition and will be ultimately responsible for all required submittals to the Coalition and maintain my membership in good standing.

Tule Basin Water Quality Coalition Member I.D. _____

Agent Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Tule Basin Water Quality Coalition Member Information:

Grower Name: _____

Address: _____

Telephone: _____

Email: _____

Signature _____

Date: _____