**Emergency Water Agreement**

**I have read and approved this Comprehensive Emergency Management Plan for the current year. This plan, including all vendor and transportation contracts, and mutual aid agreements, will be reviewed and updated on an annual basis.**

**I agree to pay all fees associated with the review of this plan.**

**I hereby certify that my facility holds (please check one):**

* **3 to 7 day supply of water (amount #\_\_\_\_\_\_\_GAL.) with an Emergency Water Agreement and I am including the agreement with my renewal package.**

# Or

* **A 7 day supply of water (amount #\_\_\_\_\_\_\_GAL.)**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**