



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Michigan PFAS Action Response Team (MPART) Citizen's Advisory Workgroup

Membership Registration

Registrant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Purpose

Why you would like to be a part of the MPART Citizen's Advisory Workgroup: _____

Are you a member of a community impacted by a site with PFAS contamination? If yes, which one(s)? _____

Describe your involvement with PFAS issues in your community to date: _____

Affiliation

Are you employed by the company responsible for the contamination, or by an organization that represents companies like the one responsible for the contamination? Yes No
If yes, which one(s)? _____

Are you an employee of the state of Michigan or federal government? Yes No
If yes, which one(s)? _____

Are you an official of a state or national association? Yes No
If yes, which one(s)? _____

Other

Is there any other information you would like to share? _____

Disclaimer and Signature

I have read the Charter for the MPART Citizen's Advisory Workgroup and I am willing to adhere to the information contained within. I certify that my answers on this form are true and complete to the best of my knowledge. I understand a typed name on the line below in this form sent from a personal email address will constitute as a digital signature, should I choose to not print, sign, and send a paper copy of this form.

Signature: _____ Date: _____

Mail to:

Michigan Department of Environment, Great Lakes, and Energy (EGLE)
Attn: Kelly Ploehn, MPART
Constitution Hall
525 West Allegan Street
P.O. Box 30473
Lansing, MI 48909-7973

If you require assistance in filling out this form, please call the Environmental Assistance Center at 800-662-9278 from 8:00 a.m. to 4:30 p.m., Monday through Friday.