



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

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

Registrant Information

Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

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: _____

Email the completed form to Kelly Ploehn at PloehnK@Michigan.gov, or mail to:

Michigan Department of Environment, Great Lakes, and Energy (EGLE)
Attn: Kelly Ploehn, MPART
Deborah A. Stabenow Building
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.

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