



Activity Statement and Invoice Enrollment Form

Date: _____

Client Name: _____

Authorizing (Highest Elected or Appointed) Official*:

Name: _____

Title: _____

Email: _____

Individual authorized to receive Activity Statements and Invoices:

Name: _____

Title: _____

Phone: _____

E-mail: _____

If this is replacing someone previously authorized, who was previously authorized?

Name: _____ Email: _____

The authorized individual named above should receive Activity Statements and Invoices for the following programs:

All Programs

Colonias Infrastructure Fund

Drinking Water State Revolving Loan Fund

Local Government Planning Fund

Public Project Revolving Fund

Water Project Fund

**** Please note that a confirming email will be sent to the Authorizing Official. A separate form should be completed for each individual authorized to receive activity statements and invoices.***