

Citizen's Water Academy Application

Please complete the form and submit to Sonia.allman@nashville.gov. If you have questions, please contact Sonia Allman at 615-862-4494.

Date: _____

Please check the box below to certify that you are a Metro Water Services Customer.

- I am currently a Metro Water Services Customer.**
- I am willing and able to attend all five Academy sessions.**

Name: _____

Phone: _____

Email: _____

Mailing Address: _____

MWS Service Address (if different): _____

Metro Council District: _____

Why are you a good candidate for the Citizen's Water Academy? Please include what you would like to learn from and share with the Academy. Also include in your response any qualifications/special interests you believe are important.

List any past or current community involvement:

How do you plan to share information you receive in the Academy with the community?