



FWEA Biosolids / Residuals Program Excellence Awards

Return Application to:
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APPLICATION

(Please type or print legibly)

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Type of Ownership/Operation: _____

(e.g. Corporate, Public, Private)

Award Category _____

(Large Operating Projects, Small Operating Projects, Technology Innovation and Development,
Research Program, Public Acceptance Program)

Contact Person regarding application: _____

Title of Contact Person: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____
