

**NMMSS
Change of Authorized Contacts
Response Form**

Name of Authorized Contact(s)	Telephone	Fax	E-mail	Action (Update/ Add/ Delete)
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	() -	() -		
	() -	() -		
	() -	() -		

List the applicable Reporting Identification Symbol (RIS) and Facility Name / Address:

RIS	Facility Name/Address

I authorize that the individual(s) listed above are the designated contacts for the NMMSS Project to use as part of the data error correction process for this facility.

Signature of Authorized Official

Date

Return to:

U.S. Department of Energy
Attn: NMMSS Staff
HS-1.22, GTN
1000 Independence Avenue, SW
Washington, DC 20585-1290