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| For ODW Office Use Only | | | | | | | | | | | |
| Entered By | Click or tap here to enter text. | | | | **Date** | | | Click or tap to enter a date. | | | |
| Washington State [RCW 70A.125.210](https://app.leg.wa.gov/RCW/default.aspx?cite=70A.125.210&pdf=true) requires that a public water system considering commencing or discontinuing fluoridation of its water supply on a continuing basis must notify the Washington State Department of Health (DOH), Office of Drinking Water (ODW) and its water customers at least 90 days prior to any vote or decision on the matter. | | | | | | | | | | | **Date Received** |
| Click or tap to enter a date. |
|  | | | | | | | | | | | |
| Public Water System Name | | | | | **Public Water System Number** | | | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | | |
| **Email Address** | | | | **Phone Number** | | | | | **Fax Number** | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | Click or tap here to enter text. | | |
| **Anticipated Date of Vote** | | | | Click or tap to enter a date. | | | | | | | |
| Type of modification being considered (check appropriate box). | | | | | | | | | | | |
| **Adding Fluoridation**. If after the vote fluoride is to be added, an official letter[,](http://dnr.mo.gov/forms/780-0701-f.pdf) along with detailed plans and specifications for the fluoride feed equipment, must be submitted to the Department of Health, Office of Drinking Water.  **Removing Fluoridation**. If after the vote fluoridation is to be removed, an official letter must be submitted to the Department of Health, Office of Drinking Water. Any additional requirements for treatment removal will be communicated to the system by the Department in writing. | | | | | | | | | | | |
| Check all types of notifications used to inform customers of the vote. List date of notification of each type. | | | | | | | | | | | |
| Notice on bill | | | Date Click for Date | | | Radio | | | | | Date Click for Date |
| Television | | | Date Click for Date | | | Newspaper | | | | | Date Click for Date |
| Mailing | | | Date Click for Date | | | Email | | | | | Date Click for Date |
| Other  (Describe notification method) | | | Click or tap here to enter text. | | | | | | | | |
| *Please attach a copy of the language used in the water system’s notification.* | | | | | | | | | | | |
| Submit this form and attached documentation to the Department of Health, Office of Drinking Water at least 90 days before the anticipated vote on fluoride modification. Email this form to [fluoride@doh.wa.gov](mailto:fluoride@doh.wa.gov) with the subject line “Notification of Fluoridation Change.” | | | | | | | | | | | |
| Pursuant to [RCW 70A.125.210](https://app.leg.wa.gov/RCW/default.aspx?cite=70A.125.210&pdf=true), any public water system that violates the notification requirements of this section shall return the fluoridation of its water supply to its previous level until proper notification is provided under the provisions of this section. | | | | | | | | | | | |
| Printed Name | | Click or tap here to enter text. | | | | | Title | | | Click or tap here to enter text. | |
| Signature | | Click or tap here to enter text. | | | | | Date | | | Click or tap to enter a date. | |
| For more information or assistance completing this form, contact the Washington State Department of Health, Office of Drinking Water at [fluoride@doh.wa.gov](mailto:fluoride@doh.wa.gov). | | | | | | | | | | | |

A picture containing company name

Description automatically generated

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov.](mailto:doh.information@doh.wa.gov.) If in need of translation services, call 1-800-525-0127.