



ARKANSAS NATURAL RESOURCES COMMISSION
10421 West Markham Street
Little Rock, Arkansas 72205

PERMITTED DAM UPDATE FORM

1. DAM NAME AND PERMIT NUMBER:

Dam Name: _____
Dam Permit Number: _____ **Dam AR Number:** _____

2. INFORMATION TO BE UPDATED:

Billing Point of Contact

Billing Address:

Point of Contact for Correspondence (if different from above):

Correspondence Address:

Contact for Scheduling Inspections (if different from above):

Phone Number for Billing and Inspections:

Billing Phone: _____ Inspection Phone: _____

Emails for Billing and Inspections:

Billing Email: _____ Inspection Email: _____

Do You Prefer to be Contacted Prior to Inspections? YES NO

Do You Wish to Accompany the Inspector During Inspections? YES NO

Additional Information: