# Minnesota Department of Health

# Delivery of Public Notice Certification Form

PWS Name: [name]

PWSID: [number]

Violation: [list the violation]

Date of Violation: [list the time period]

[SYSTEM NAME] hereby affirms that public notice has been provided to consumers in accordance with the delivery, content, and deadlines, as specified in the Notice of Violation letter.

**You must use at least one (or more) of the following forms of delivery. Click on the box to check the items you completed:**

[ ]  Hand delivery. [DATE]

[ ]  Posted in a noticable location. [DATE]

[ ]  Broadcast media (e.g. radio or television)

[ ]  Published in a local newspaper or flyer. [DATE]/[NAME OF NEWSPAPER]

[ ]  Electronic method of delivery (e.g. social media post, email)

* Please describe what form of electrionc delivery you used:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name:
Title:
Phone: [xxx-xxx-xxxx]
Date: [mm/dd/yyyy]
Email:

**Within 10 days of distributing your public notice**, email this form to health.drinkingwateradvisory@state.mn.us. Please specify in the subject line that it is for a Tier 1 certification form.

Please indicate if you used MDH’s template or created your own:

[ ]  Used the public notice provided by MDH.

[ ]  Used a personalized public notice.

* + If your public notice differs from the one provided by MDH, please send a copy of your public notice.