

Attach this completed application form, shapefile and PDF plat in one email addressed to [ULRW@utsystem.edu](mailto:ULRW@utsystem.edu) and the UL field representative

Revised 09/2017

## ASSIGNMENT FOR SWD CONTRACT

SWD CONTRACT NUMBER TO ASSIGN: \_\_\_\_\_

NAME OF ASSIGNOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CELL #: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ASSIGNEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CELL #: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EFFECTIVE DATE  
OF ASSIGNMENT: \_\_\_\_\_