

SWD CONTRACT:

APPLICATION FOR CONSENT TO ASSIGN

NOTIFICATION OF MERGER, ACQUISITION, CONSOLIDATION, OR NAME CHANGE – NECESSARY FOR ALL CHANGES TO P-4 OPERATOR OF RECORD

SWD Contract Number to Assign: _____

Name of Assignor: _____

Unless otherwise requested, we will direct all correspondence, contracts, and invoicing to Assignor.

Assignor Contact Person: _____

Assignor's Address: _____

Assignor's City, State, Zip: _____

Mail executed contract to this address? Yes: ☐ No, call when ready for pickup: ☐

No, email when ready for pickup: ☐ No, mail to third party:* ☐

Assignor's E-Mail: _____

Assignor's Telephone #: _____ Assignor's Cell #: _____

Name of Assignee: _____

Assignee Contact Person: _____

Assignee's Address: _____

Assignee's City, State, Zip: _____

Assignee's E-Mail: _____

Assignee's Telephone #: _____ Assignee's Cell #: _____

Effective Date of Assignment: _____

*****PROVIDE COPY OF P-4 TO ogregulatory@utsystem.edu*****

PLEASE PAY UPON RECEIPT OF INVOICE ENCLOSED WITH AGREEMENT.

*Third Party:

Company Name: _____

Contact Name: _____

Mail Executed Contract To: _____

Contact #: _____ Email: _____