



## **Validation Form**

### ***Istanbul Water Consensus (IWC)***

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Title) of  
\_\_\_\_\_ (Jurisdiction), do hereby agree that our local  
or regional authority will undertake the commitments of the *Istanbul Water  
Consensus*.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: -  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Mayor's Email: \_\_\_\_\_

Staff Contact Name: \_\_\_\_\_

Staff Contact Title: \_\_\_\_\_

Staff Phone:  
\_\_\_\_\_

Staff Email: \_\_\_\_\_

**Contact:** Please send this form by email, fax or post to:

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