



IOWA LAKES REGIONAL WATER SIGN-UP FORM

SERVICE ADDRESS

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Township: _____

Section: _____

Please check whether you are the owner or tenant of the above listed service address:

- Owner
 Tenant

If you are the tenant, please list the owner's contact information.

Owner's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Amount Paid: \$ _____

- I understand that my sign-up form will not be processed until my check for the sign-up fee of \$450.00 is received at ILRW's office and I am mailing or have mailed my check for \$450.00 to the address below.

Customer Signature: _____

MAILING ADDRESS

Mailing address is the same as the service address.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

REQUEST FOR INFORMATION

This portion is voluntary.

Ethnicity (please select only one):

- I am White, Hispanic/Latino.
 I am White, Not Hispanic/Latino.

- Male Female

Race (please select only one):

- American Indian/Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White (includes Hispanic)
 Other

OFFICE USE ONLY

Project Sponsor: *Iowa Lakes Regional Water*

Received by: _____

Date Received: _____

Iowa Lakes Regional Water

Working with town and country to provide safe, quality, drinking water!

P.O. Box 555 ■ Spencer, Iowa 51301 ■ Phone: 712-262-8847 ■ Fax: 712-262-8241 ■ Website: www.ilrw.org

This institution is an equal opportunity provider and employer.



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