



Iowa Lakes

REGIONAL WATER

SIGN-UP FORM

SERVICE ADDRESS

Name: _____

Address: _____

City, State, Zip: _____

Cell Phone Number: _____

Email: _____

MAILING ADDRESS

☐ Mailing Address is the same as the Service Address

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Please indicate if you are the Owner or Tenant of the Service Address listed above:

☐ Owner ☐ Tenant

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

Owner's Name: _____

Address: _____

City, State, Zip: _____

Cell Phone Number: _____

Email: _____

Service Type: Please check any that apply

Residential: _____ Livestock: _____ Commercial: _____

Shop/Office: _____ Hydrant Only: _____ Non-Priority: _____

Customer Signature: _____

Date: _____

Location of Service: (Rural Setting)

Legal Description: Sec. _____ Twp. _____ Range _____

N	W	N	E
S	W	S	E

The box to the left indicates four quarters of a full section. Please mark an **X** in your approximate location.

Water Usage:

Please provide a realistic estimate of Domestic & Livestock quantities OR average daily peak usage. (If known)

Household: _____ persons/gpd Cattle: _____ head/gpd

Hogs: _____ head/gpd Poultry: _____ birds/gpd

Company/Office: _____ Other: _____

REQUEST FOR INFORMATION

This portion is voluntary.

☐ Male ☐ Female

Ethnicity (please select only one):

☐ I am White, Hispanic/Latino.

☐ I am White, Not Hispanic/Latino.

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 Area: _____

☐ Mainline Extension ☐ Service Line Only

Date Received: _____

Iowa Lakes Regional Water
Enhancing the quality of life in Rural America!

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

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