

IOWA LAKES REGIONAL WATER

Sign Up Form

SERVICE ADDRESS

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

MAILING ADDRESS

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

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: _____

Phone: _____

REQUEST FOR INFORMATION

Township: _____

Section: _____

Amount Paid: _____

Customer Signature: _____

OFFICE USE ONLY

Project Sponsor: *Iowa Lakes Regional Water*

Received by: _____

Receipt Number: _____

Date Received: _____



Iowa Lakes Regional Water

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