Left Hand Water District

LEFT HAND WATER DISTRICT COUNTY REFERRAL REVIEW

OWNERS OF RECORD	DATE	**Office Use Only**	**Review # (assigned by District)**
		Amount Paid: Check # or Cash	Date: Initials:

MAILING ADDRESS	HOME PHONE	WORK PHONE	FAX NUMBER

CITY, STATE, ZIP CODE	EMAIL ADDRESS	COUNTY PARCEL ID # (if known)

ADDRESS OF PARCEL OR NEAREST CROSS ROADS

LEGAL DESCRIPTION OF PROPERTY (*which include Section, Township and Range or Subdivision, Block and Lot No.*)

NUMBER OF TAPS NEEDED: TYPE OF SERVICE (*check one*)

_____ Residential (Standard) ____ Commercial

IS THERE CURRENT WATER SERVICE ON PARCEL?

_____ Left Hand Water District Tap _____ Well _____ None

REVIEW FEE: $25.00

In order for the District to review and respond to referrals from County or Town planning departments, this application must include all information requested above, and must be accompanied by the appropriate fee. Applicant understands that this is not an application for a tap or a specific determination of detailed conditions of service. This is a preliminary review to determine the general feasibility of water service to a specific property, prior to approval of development of the property, and not a commitment to serve.

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Signature of Applicant or Agent

Engineer's comments:

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