



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 _____

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

ADDRESS OF PARCEL OR NEAREST CROSSROADS _____

LEGAL DESCRIPTION OF PROPERTY (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

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.

Signature of Applicant or Agent

Engineer's comments: