



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
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CITY, STATE, ZIP CODE	EMAIL ADDRESS	COUNTY PARCEL ID # (if known)
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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 <i>(check one)</i>
	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: