



Crawford County Water Application for Service

DATE: _____

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

Crawford County Ordinances prohibit a physical connection between private wells and the county system. I agree not to have any physical connection between my well and the county system.

Signature: _____

"The following information is requested by the Federal Government in the order to monitor compliance with Federal Laws prohibiting discrimination against applicant seeking to participate in the program. You are not to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it we required to note the race/national origin of individual applicants on the basis of visual observation or surname."

_____ White, not of Hispanic Origin

_____ Hispanic

_____ Black, not of Hispanic Origin

_____ Asian or Pacific Islander

_____ American Indian or Alaskan native

"This is an Equal Opportunity Program. Discrimination is prohibited by federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington D.C. 20250.

Office Use Only

Distance of Service to be run: _____

Size of Service: _____

¾" \$1500.00

¾" -- 500 feet

1" \$1800.00

1" -- 1,000 feet

2" \$ 1800.00 per inch