CLARK REGIONAL WASTEWATER DISTRICT CONNECTION FEE REQUEST FORM

Date:			
Name:			
Site Address			
Firm:			
Mailing Address_			
Phone /E-mail:			
Property (Legal):_	Tax Lot	Serial No	Legal Description
Size - Acreage: _			
Anticipated Use:			
accurate only for my records in or understand that for	the date given or rder that current ees are subject relopment are no	n this sheet and it is n t fees are applicable to change at any time ot established until pa	al Wastewater District are ny responsibility to update e to my development. I e and that actual fees that yment of all fees is made
Name (Signature))		Date