

Initial Canvass for Rural Water Delivery

Let us know your interest by returning this card completed.

(Please provide 911 address of service)

Name: _____ Email: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Section: _____ Township: _____ Range: _____ Subdivision: _____ Lot #: _____

Comments: _____

(Please identify your location by completing the information requested above, regardless of the boxes you check below.)

Please check the appropriate box:

- Household/Dwelling Pasture Tap Other

Indicate your level of interest to sign up for service:

- Want to sign up to connect to rural water
 Not sure, please contact me with more information
 Not interested in All Seasons Water Users District water

- **For more information, or if you have questions call 701-228-3663.**
- **The good intention fee is non-refundable but will be applied to the future connection fee if the project is deemed feasible.**
- **Please respond no later than September 30, 2022.**

Home or Use Location	
Sec. _____ T _____ R _____	
NW	NE
SW	SE
Please locate your location with an 'X' on the map.	

Signature _____ **Date** _____