

**LYON & SIOUX RURAL WATER SYSTEM  
APPLICATION FOR RURAL WATER SERVICE**

Owner/Member \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Complete if Different From Above

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of Tenant, if any \_\_\_\_\_ (only list if they will be allowed to pay bills)

It is the Members responsibility to see that all charges due LSRW are paid in full. A tenant cannot be a Member. Only property owner may be a Member of LSRW.

Location of Requested Service:  
 County \_\_\_\_\_  
 Section \_\_\_\_\_  
 Township \_\_\_\_\_  
 Quarter Section \_\_\_\_\_  
 Indicate location within section:  
 N  
 W  E  
 S

Please Note: Your monthly billing starts when water service is available from LSRW.

For Office Use Only  
 Account # \_\_\_ - \_\_\_ - \_\_\_  
 Date Received \_\_\_\_\_  
 Remarks \_\_\_\_\_

The numbers you provide in the section below will be used to determine water line size. Please provide accurate numbers. If adding more livestock in the near future, please indicate.

<u>USAGE</u>	<u>NUMBER</u>
Household	_____
Feeder and beef cattle	_____
Hogs	_____
Dairy cattle	_____
Sheep	_____
Poultry	_____
Other	_____

When I do water livestock,  
 I plan to water (all), (3/4), (1/2)  
 of the stock listed.

Estimated Date Needed:

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required 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 are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_  
 Race: Mark one or more: White \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_  
 American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
 Gender: Male \_\_\_\_\_ Female \_\_\_\_\_