

WATER REQUEST FORM

CARDSTON COUNTY
Fax 403-653-1126

TOWN OF CARDSTON
Fax 403-653-2499

Individual Request Water: _____ **Contact #:** _____

Address: _____

Delivery Point of water: Haul Station
Municipal Line **Hook Up Location:** _____

Proposed use of water: Residential
Seasonal Residential **Explain:** _____
Agricultural
Agricultural Seasonal **Explain:** _____

Comments: _____

Estimated amount of yearly water consumption: _____ acre ft Gal cu mt

County Comments	Paid <input type="checkbox"/> \$ _____
Reviewed by: _____	Date Forward to Town: _____
Water Allotted _____	Emailed <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/>
Comments:	

Town Comments	
Reviewed by: _____	Date Received from County: _____
Approved <input type="checkbox"/>	Date of Decision: _____
Declined <input type="checkbox"/>	