

**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: _____

I understand that the fees provided by the Clark Regional Wastewater District are accurate only for the date given on this sheet and it is my responsibility to update my records in order that current fees are applicable to my development. I understand that fees are subject to change at any time and that actual fees that will affect my development are not established until payment of all fees is made with the purchase of sewer permits.

Name (Signature)

Date