

2539 Channing Way Suite 220

IDAHO FALLS, IDAHO 83404

billing@clwcorp.org

Water Connection Request Form

Property Owner Name: _____

Builder Name and Contact:_____

Property Address:_____

Property Owner Phone Number:_____

Billing Address (If different):_____

_____

(For office use only)

Connection inspection date:_____ Inspector:_____

Water turn on date: _____

Board of Directors:

Sheila Edmond, President
Rich Backstrom, Vice-President
Joe Ficarra, Secretary
Paul Merrill, Treasurer
Randy Skidmore, Director
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