

DELAVAN LAKE SANITARY DISTRICT
Of the Towns of Delavan and Walworth
2990 County Road "F" South – Delavan, WI 53115
Phone: (262) 728-4100 Fax: (262) 728-4104

Tax Key No: _____ Account No.: _____

Service Address: _____

Property Owner Name: _____

Mailing Address: _____

City/State/Zip _____ Phone: _____

Email Address _____

Sewer Service Charge Billings are to be mailed to:
(If same as above, write "same".)

Name: _____

Address: _____

City/State/Zip: _____

The above information is true and correct. Date: _____

Property Owner's Signature: _____

For Office Use Only

User Code: _____

No. of ERU's: _____

Current Customer: Date of Service: _____ Month of first billing: _____

Original Date of Connection to Sewer System: _____

U C Billing date changed: _____

MF listing date changed _____

Changed by: _____

Changed by: _____