

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: \_\_\_\_\_