

Rock River Water Reclamation District

3501 Kishwaukee St., Rockford, IL 61109

Phone: 815/387-7660 Fax: 815/387-7665

Sewer Inquiry Form

☞ To be completed, signed and submitted by inquiring party prior to District evaluation ☜

Date: _____	
Name of Inquirer: _____	Phone: _____
Company Name: _____	Fax: _____
Address: _____ City, State, Zip: _____	
Realtor: ___ Owner: ___ Seller: ___ Appraiser: ___ Municipality: ___ Other (describe): _____	
Property Info:	
Parcel Address: _____	Municipality: _____
Acreage: _____	Old Property Code: _____ PIN: _____
Parcel Dimensions: _____	
Legal Description: _____	
Information Requested: _____	

Intended Use of Parcel:	
Residential: ___ Commercial: ___ Industrial: ___ Public Use: ___ Mixed Use: _____ Other: _____	
Describe: _____	

(If residential, include number of buildings, dwelling units, units/building, total units in project)	
Ownership: Rental: ___ Condominium: ___ Institutional: ___ Developer: ___ Other: _____	
Projected Flow: _____ Similar to: _____	
Applicant's Signature: _____	
Additional Comments: _____	

DISTRICT USE ONLY - Inquiry No. _____