



Sewer Inquiry Form

Date _____

Contact Information of Inquirer: Name _____

Phone Number _____

Property Desiring Service: Address _____

Parcel ID _____

For larger tracts, indicate FULL/ Homestead/ Frontage _____

Include directional details, as applicable.

Type of service desired (circle one):	CURRENT USE	NEW DEVELOPMENT	
	RESIDENTIAL	COMMERCIAL	INDUSTRIAL

Projected wastewater generated (check one):

- Single Residence Homestead
- Multiple Residential, _____ units (provide number)
- Commercial, _____ (provide average gallons per day)
- Industrial, _____ (provide average gallons per day)

Submit completed form to: sewerinquiry@montgomerycounty.in.gov or mail to Sewer Inquiry c/o Montgomery County Regional Sewer District, 110 W South Blvd., Crawfordsville, IN 47933