Lakeside Water District 1000 N. Lake Road/ P.O. Box 314 Lakeside, Oregon 97449 Phone (541) 759-3602 Fax (541) 759-2108

WATER AVAILABILITY APPLICATION

Property and Project Information	
Project Address:	
County Tax Lot No.	Project Name:
Contact Information	
Applicant Name:	
Mailing Address:	
Phone Number:	:
Property Owner's Name (if differen	t than above):
Request Type and Property Use	
☐ Residential	Number of connections being requested
☐ Rural Residential	Number of units: Single Family
☐ Multi-family	Duplex
☐ Commercial	Commercial
☐ Industrial	
Will there be a residential irrigation	system? YES NO
Initial	YES NO Infirmation that an approved backflow prevention device is required: Project and Property Use:
Water Availability Application Date	
Applicant Signature:	
********	************************
FOR OFFICE USE ONLY:	
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Superintendent Signature:	Date Received:
Date forwarded to City of Lakeside	