



Montgomery County Regional Sewer District
Sewer Initial Inquiry Form

Date: _____

Contact information of Inquirer: _____

Name

Phone Number

Email address

Property desiring service (provide as much info as possible): _____

Address

Parcel ID Number(s)

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 _____
 _____ Commercial _____ Number
 _____ Industrial _____ Avg. gallons/day
 _____ Avg. gallons / day

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

Adopted
August 21, 2019