

**APPLICATION FOR CONNECTION OR CROSSING TO THE
MAINE TOWNSHIP DRAINAGE AND LEVEE DISTRICT**

Application Date: _____ Number: _____

Applicant Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Development Name: _____

Location of Property: _____

Approximate Acreage: _____

Engineering Firm: _____

Attorney: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Town of Annexation: _____

Estimated Construction Date: _____

Estimated Cost of Improvement: _____