

McKenzie County Water Resource District  
Contact form

Date: \_\_\_\_\_

**WATER CUSTOMER INFORMATION:**

Account # \_\_\_\_\_

Customer Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #:(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Best Contact telephone # \_\_\_\_\_

E-mail address \_\_\_\_\_

**PROPERTY OWNER INFORMATION: (If different from customer)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #:(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail address \_\_\_\_\_

**Please fill out and return as soon as possible. This information is needed for our notification system. We want to ensure we have up to date and accurate customer contact information in case of water outages or emergencies. Thank you.**