

**APPLICATION FOR CONNECTION 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: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Town of Annexation: \_\_\_\_\_

Estimated Connection Date: \_\_\_\_\_