



## Clay Township Regional Waste District

www.ctrwd.org • (317) 844-9200 • Fax (317) 844-9203

### Request for Will Serve Letter

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

Name of Property Owner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

#### **Property Information**

Legal Description: \_\_\_\_\_  
(Include Section, Township and Range)

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Planned Use: \_\_\_ Residential \_\_\_ Commercial \_\_\_ Industrial

Number of Lots: \_\_\_\_\_ Construction Schedule: \_\_\_\_\_

Estimated Discharge \_\_\_\_\_ GPD

Property is presently included in the District \_\_\_\_\_ Yes \_\_\_\_\_ No

#### **Letter Addressee Information**

This Will Serve letter needs to be sent to: (if different than above)

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

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

***Please mail or fax this completed request to: Clay Township Regional Waste District,  
10701 N. College Avenue, Suite A, Indianapolis, IN 46280 or Fax 317-844-9203***