



PLEASE PRINT

Name of Utility/System:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Parish:	Email:	

Please check the box(s) for the survey(s) you wish to have performed on system.

<input type="checkbox"/>	Leak Survey	<input type="checkbox"/>	Smoke Survey
<input type="checkbox"/>	Meter/Bench Survey	<input type="checkbox"/>	Sewer Video Camera
<input type="checkbox"/>	Ground Penetrating Radar (Line Location)		

We request the above survey(s) to be performed by the LRWA Rural Water Energy Conservation Program. We understand that there is no charge to the system for this service. This program is sponsored by Louisiana Department of Health and implemented by the Louisiana Rural Water Association. As a requirement to participate in this program we understand that our system is required to repair any problems detected, at the expense of the utility system or the individual(s) property, if applicable. We also understand that all inquiries or requests for special consideration should be directed to **LRWA RURAL WATER ENERGY PROGRAM (1-800-256-2591 or 337-738-2896).**

Signature (Mayor, Owner, Manager, other Decision Maker)	Title
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Note: Please make sure you have selected one of the surveys (leak survey, meter survey, smoke test, video sewer camera survey or Rate Study/Annalist). This form must be signed by one of the following: Mayor, Owner, Manager, or other Decision-Maker.

Please mail, fax (337-738-5620) or email (ahargrave@lrwa.org) this completed form to the LRWA so we can have our field technician contact you to schedule a survey.