



Kentucky's Small System Peer Review Program

REQUEST FORM

System Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Please accept this form as an official request to have a peer review evaluation conducted by Kentucky's Small Water System Peer Review Program. The request has been authorized by the board/commission/council on the following date: _____.

Authorizing Agent

Title

Signature

Date

Mail or Fax Form to:

Kentucky Rural Water Association
P. O. Box 1424
Bowling Green, KY 42102-1424
Fax: 270.796.8623

Kentucky Association of Counties
380 King's Daughters Drive
Frankfort, KY 40601
Fax: 502.223.1502

