



INFORMATION REQUEST FORM
Turnaround Time is Three (3) Weeks

NAME: _____ DATE: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

LOCATION INQUIRING ABOUT:

Street: _____

Lot/Plat/Pole #: _____ City/Town: _____

Adjacent Streets: _____

Map Location (please provide map) _____

PLEASE DESCRIBE BELOW IN DETAIL ALL INFORMATION REQUESTED:
(Note: provide as much amplifying information as possible)

Kent County Water Authority, P. O. Box 192, West Warwick, RI 02893
Phone: 401-821-9300 Fax: 401-823-4810

We do not accept faxed information sheets. Please mail to the above address or you may bring your request to our offices located at 1072 Main Street, West Warwick, RI 02893