

APPLICATION FOR MEMBERSHIP
KOOTENAI COUNTY UTILITIES COUNCIL

ORGANIZATION _____

KEY CONTACT PERSON _____

ALTERNATE CONTACT _____

MAILING ADDRESS _____

PHONE NUMBER _____ ALTERNATE NUMBER _____

FAX NUMBER _____

SPECIAL INSTRUCTIONS _____

I understand that this application is for membership in the Kootenai County Utilities Council only and does not place this organization on line to be contracted for locate requests. As agents for this Organization, I understand that by signing for membership we agree to pay any future fees and assessments needed by the Council to operate and voted on by a majority of Council members. Membership in this Council provides one vote per utility regardless of size.

Agent

Date