

# Kandiyohi County

## Application for Funds Relating to Water Issues

Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_

Lake Name: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Description and Cost Estimate of Proposed Project:

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(Office Use Only)

**TASK FORCE RECOMMENDATIONS:**

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

**KANDIYOHI COUNTY BOARD:**

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

Applicant is hereby approved to begin project from date signed above following County Board approval. If project has not commenced within 2 years following approval from County Board, this request shall be considered terminated.