## Illinois State Water Survey Domestic Well Database Query Access Request Form

DATE:			
NAME:			
	NAME:		
	ADDRESS (Post Office boxes on		
CITY:		STATE:	ZIP CODE:
PHONE: (	)		
<b>DESCRIBE</b>	YOURSELF:		
<ul> <li>Drilling contractor</li> <li>Environmental consultant</li> <li>Engineering firm</li> <li>Industrial facility</li> </ul>		<ul> <li>Municipality</li> <li>Government agency (non-municipal)</li> <li>Real estate professional*</li> <li>Private individual*</li> </ul>	
□ Otl	her (specify):		
PROPOSED	D USE OF DATA:		
*To request a sear	ch for a record for a single well or residentia	al property, do not send th	nis form. Instead, email us your specific request
MAIL TO:	Illinois State Water Survey Groundwater Science Section Well Records - Access Form	EMAIL TO:	gwinfo@isws.illinois.edu
	2204 Griffith Dr. Champaign, IL 61820-7463	FAX TO:	ISWS Groundwater Science Section - (217) 244-0777
FOR OFFIC	CE USE ONLY		
User Name	ne: Date Issued:		
Password:		ISWS staff initials:	