



# Utility Optimization Program and Small System Peer Review

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## REQUEST FORM

**System Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Please accept this form as an official request to have a peer review evaluation conducted by the Kentucky Rural Water Association Utility Optimization Program. The request has been authorized by the board/commission/council on the following date:** \_\_\_\_\_ .

\_\_\_\_\_  
**Authorizing Agent** (Please Print)

\_\_\_\_\_  
**Title** (Please Print)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Mail or Fax Form to:**

**Kentucky Rural Water Association  
1151 Old Porter Pike  
Bowling Green, KY 42103**

**Fax: 270.796.8623**

