CITY OF LAKE GENEVA

IMPACT FEES PAYMENT FORM

Date: _____ **Permit No.** _____
(Utility Commission Use Only)

Property Owner: _____ **Phone #:** _____

Mailing Address: _____
Street

_____
City, State and Zip Code

_____ _____
(Parcel/Tax Key #) (Parcel Address)

Impact Fee Area: ☐ **Old** ☐ **New**

REU _____ **Meter Size** _____ **Meter Size** _____

Residential _____ **Commercial** _____ **Industrial** _____

Applicant: _____ **Phone:** _____
(If different than owner)
Name

_____
Street

_____
City, State and Zip Code

IMPACT FEES:

Park $_____

Sewer $_____

Water $_____

Water/Sewer Total $ _____

Park $ _____

Total Amt Due $ _____

Signature of Applicant _____ **Phone No.** _____

Payment Rec'd by _____ **Receipt No.** _____

Copy: **Applicant** ☐ **Bldg Insp** ☐ **Utility Dir** ☐