Maple Lake Improvement District

Funding Request Form

Requestor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detailed description & explanation of request:

Expected Benefits to Health of our Maple Lake:

Reference DNR/WCSW etc. Approval:

Reference Budget Item/Name

Requestor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MLID Board of Directors approval date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_