MICHIGAN CITY SANITARY DISTRICT

1100 E 8th St, Michigan City, IN 46360

Public Comment Form

Thank you for taking the time to provide your comments and questions on the proposed sewer rate adjustments and charges. Your feedback is important to the future of the Sanitary District.

CONTACT INFORMATION (Please Print Clearly)

Full Name:	
Street Address:	
City, State Zip:	
Email Address:	
Phone Number:	

PUBLIC COMMENT

Please share your comments, questions or concerns regarding the proposed rate adjustments and charges.

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OPTIONAL:

I am a:

☐ Residential Property Owner

☐ Commercial Property Owner

☐ Other: _____

Please return the completed form by postal mail or by emailing to MCSDcustomerservice@mcsan.org.

Please fold on the dotted line, tape, stamp, and return to:

(Fold)----------(Fold)

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