



# CLIENT OPENING SURVEY FORM

Female  
MR./MRS./MISS

Diana  
FIRST NAME

Laurichesse  
LAST NAME

8183391447  
CONTACT NUMBER

808-746-1865  
ALTERNATE NUMBER

## COMPANY DATA BASE

haykenn02@yahoo.com  
EMAIL ADDRESS

Prairie State Water  
Systems  
COMPANY NAME

http://www.prairiestatewater.com  
WEBSITE URL

620 W Meadow Ave  
Address

Lombard  
City

Illinois  
State

60148-1437  
ZIP Code

Other Professional, Scientific and Technical Services Not Elsewhere Classified  
SIC DESCRIPTION

6999  
SIC CODE

Independent  
ENTITY TYPE

Under \$500,000  
COMPANY SALES

135,000.01  
REVENUE (USD)

Illinois  
COUNTRY/REGION

YES  
MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island  
Dr S, Saint Augustine, FL 32080

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1782