



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Kayleigh

FIRST NAME

Lace

LAST NAME

337-740-9323

CONTACT NUMBER

337-751-2326

ALTERNATE NUMBER

COMPANY DATA BASE

kayleigh.lace@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