

# SANFORD WATER DISTRICT

Box 650 - River Street  
SANFORD, MAINE 04073

DAVID PARENT  
Superintendent

Tel. 324-2312

## *Temporary Service Agreement*

Name: \_\_\_\_\_

Service Location: \_\_\_\_\_

Service Arrangement: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I request that temporary water service be provided at the above location and agree to be responsible for payment of the water bill. I also agree to pay for any damage done to the meter, valves, and any other fitting supplied by the Sanford Water District to provide for this temporary service and comply with all applicable rules and regulations of the Sanford Water District and the Maine Public Utilities Commission.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_