

SANFORD WATER DISTRICT
PO BOX 650
SANFORD ME 04073-0650
324-2312
8:00 A.M. to 4:30 P.M.

APPLICATION FOR WATER SERVICE

Customer name(s): _____

Service Address: _____

Billing Address: _____

Please Select Billing Preference: Mail _____ Email _____ Both _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

I am applying for water service exclusively for the service address above and agree to be responsible for payment of the water bill as of _____. The use of this service is:
(check one)

___ Residential ___ Commercial ___ Home Business ___ Fire Protection
***** If exempt, please provide a copy of your *Tax Exempt Certificate******

I agree to comply with all applicable Rules and Regulations of the Maine Public Utilities Commission and the Sanford Water district, copies of which are on file at the utility's office.

I (check one) ___ **have** ___ **have not** had service in my name from this water utility before.

A member of my household (check one) ___ **does have** ___ **does not** have a medical condition, life support equipment, or other circumstances which require emergency restoration if water service is interrupted.

Do you own the above property? Yes ___ No ___

If not, please give owner's name, address & phone number:

_____ The referenced property does not contain any business/home occupation.

OR

_____ The referenced property does contain a business/home occupation.

Percentage of building used for residential purposes. _____

Percentage of building used for non-residential purposes _____

Date: _____

Applicant's Signature: _____

Sanford Water District Account # _____