

SANFORD WATER DISTRICT  
P O 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 # \_\_\_\_\_