

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: \_\_\_\_\_

\_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Billing 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

Industrial

Fire Protection

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Sanford Water District Account # \_\_\_\_\_