

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: _____

E-signature