

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): \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over

\_\_\_\_\_ 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 # \_\_\_\_\_