North Raynham Water District Raynham, Ma.

Date & Time Received

## Application for Water Service Extension

## **OWNER & CONTRACTOR INFORMATION**

Owners Name:	Builders Name:
Owners Address:	Builders Address:
City, TownState	City, TownState
Phone Number	Phone Number
LOCATION OF HOME	
Street Name & House Number	
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WATER SERVICE INFORMATION	
What size water line are you requesting: 1 inch	1 1/2 inch Other
Estimated Average Day Consumption:	gallons
Estimated Maximum Day Consumption:	gallons

State the reason for this request for an extension of the water service.

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## CERTIFICATION:

By signing this application and upon approval I, we hereby state that I, we have read the District's Rules and Regulations and understand them. I, we are also aware of the Fee's (**payable upon approval of the application**).

I, we understand that the Fee's are non refundable and that this application will become null and void one year from the date of approval if the project has not been started.

Date

Signature of Owner or Owners Agent

Type or Print Name

Signature of Paid Preparer

Paid Preparer's Phone Number

Approved By

Date of Approval