

TRANSFERRED

SCANNED

Searsport Water District 46 Prospect Street • P.O. Box 289 • Searsport, Maine 04974

46 Prospect Street • P.O. Box 289 • Searsport, Maine 04974
Phone (207) 548-2910 • Fax (207) 548-6719
Email: info@searsportwater.org • Web: www.searsportwater.org

APPLICATION FOR WATER SERVICE PLEASE PRINT

	vner: Tenant: Landlo	rd·			Phone#	
Applica	_			Co-Applicant:		
Phone				Phone#		
	e Address:					
(if diffe	g Address erent):					
City:		State:			Zip:	
Social :	Security #	Driver's	License #			
Previo	us Address:					
Email A	Address:					
Applying for Year-Round Seasonal water service exclusively for the service address listed above. The use of this service is: (check one): Residential Commercial Industrial Fire Protection						e Protection
I agree to comply with all applicable Rules and Regulations of the Maine Public Utilities Commission and the Searsport Water District Terms & Conditions, copies of which are on file at the Searsport Water District office.						
I (chec	k one) 🔲 Have 	sly had water ser	vice in my r	ame with the Sea	rsport Water Dis	rict
circum	nber of my household (check one) istances that require emergency resto dical condition exists, please attach p	ration if water se	rvice is inte		ife support equip	ment or other
	The appropriate	• •		bmitted with app	lication:	
	Change of name only	During Norm		Hours		\$15.00
	Change of name with pro-rated billin					\$65.00
						φουιου
	During Nights/Weekends and Holidays Change of name w/ pro-rated and /or connection of service					
Ш	onange or name ny pro rated and ye					φουσο
Date:	Applicants Signature:					
		FOR OFFICE US	E ONLY			
ACCT# _	SRV#_		APPLICATION	N FEE ADDED		

PROCESSED BY (INITIALS & DATE)