



Searsport Water District

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

Owner: Tenant: Landlord: _____ Phone# _____

Applicant: _____ Co-Applicant: _____

Phone# _____ Phone# _____

Service Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Social Security # _____ Driver's License # _____

Previous Address: _____

Email 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

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 (check one) Have Have Not previously had water service in my name with the Searsport Water District

A member of my household (check one) Does Does Not have a medical condition, life support equipment or other circumstances that require emergency restoration if water service is interrupted.

(If medical condition exists, please attach physician's statement.)

The appropriate application fee must be submitted with application:

During Normal Business Hours

- Change of name only **\$15.00**
- Change of name with pro-rated billing and/or connection of service..... **\$65.00**

During Nights/Weekends and Holidays

- Change of name w/ pro-rated and /or connection of service..... **\$90.00**

Date: _____ Applicants Signature: _____

FOR OFFICE USE ONLY

ACCT# _____ SRV# _____ APPLICATION FEE ADDED _____

TRANSFERRED _____ SCANNED _____ PROCESSED BY (INITIALS & DATE) _____