

STOUGHTON MUNICIPAL WATER CONNECTION APPLICATION

Application Date: _____

Application's Name: _____

Mailing Address: _____

City / Town & Zip: _____ Telephone #: _____

Location of property connection is for: _____

Owner's Name & Address (if different): _____

Assessor's Map _____ Lot _____ Plot _____

Reason for connection: _____

Property Type: Residential _____ Condo _____ Commercial _____ Industrial _____

Residential, total number of bedrooms _____ X 110 = _____

Condo, number of units _____ x 1 bedroom X 110 = _____

number of units _____ x 2 bedroom X 110 = _____

number of units _____ x 3 bedroom X 110 = _____

number of units _____ x ____ bedrooms X 110 = _____

Commercial or Industrial

Maximum number of gallons per day requested _____ Service size requested _____

Report of water usage required _____ Fire protection requested _____ (yes, no or only)

The undersigned applicant acknowledges and agrees that, if this application is approved, it is for the maximum gallons per day requested above or the maximum number of bedrooms listed above; the application is for residential purposes. The applicant further acknowledges that, if a usage is in excess of that authorized, the Town reserves the right to terminate the water connection.

Signature of Applicant

Signature of Owner (if different)

Superintendent's Signature of Approval

Town Engineer's Signature of Approval

Date of action by Selectmen _____

Approved _____ Disapproved _____

