COMMISSIONERS
Robert Frederico
Michael Corda
Kenneth Grew

GWD
GRAFTON WATER DISTRICT
Serving Your Water Needs
44 Millbury Street
Grafton, MA 01519
(508) 839-2302 - Fax: (508) 839-2367

MANAGER
Matthew E. Pearson

TREASURER
Wendy Graves

e-mail: graftonwaterdistrict@verizon.net
website: graftonwaterdistrict.org

REQUEST FOR NEW SERVICE

DATE: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: _____ E-MAIL: _____

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TYPE OF SERVICE: ___RESIDENTIAL ___APARTMENT ___MULTI-FAMILY

___INDUSTRIAL ___COMMERCIAL ___ PRIVATE FIRE

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I am applying to the District for permission to connect to the water system for the purpose of supplying water to the above service address. As part of this application, I accept and will comply with the Rules and Regulations of the District and I will pay an entrance fee in accordance with the schedule set forth under Article III, Section 2. It is further understood that this application will be returned to the District office with the necessary fees as well As a plan showing the type and size of water service requested. All work to be performed on the water system Shall be by an individual as specified under Article IV. It is further agreed that all materials and workmanship will be in accordance with the Districts specifications.

_____ _____

LAND OWNER **APPLICANT**

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REQUIREMENTS OF THE DISTRICT

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DISTRICT MANAGERS APPROVAL

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Note: Any new service that replaces a private well is required to meet the By-laws of the Town of Grafton, Board of Health. The applicant shall contact the Board of Health at 508-839-5335 ext-128 for information regarding their requirements.

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"

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