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SUPERINTENDENT
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Treasurer
Wendy Graves

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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 follow the Rules and Regulations of the District and I will pay an entrance fee per 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 the requested water service. 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 follow the District's specifications.

LANDOWNER

APPLICANT

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CROSS CONNECTION SURVEY

Your facility may require a cross connection survey to check for the need to install backflow devices. Prior to giving you access to water, the Grafton Water District may need to perform a cross connection survey.

SURVEY REQUIRED? _____ SURVEY COMPLETE? _____

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SUPERINTENDENT APPROVAL _____ DATE _____

SPECIAL REQUIREMENTS: _____

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Note: Any new service that replaces a private well must 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 about their requirements.

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"

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