

TOWN OF NEW HAVEN APPLICATION FOR WATER

WATER () SEWER () BOTH () TODAY'S DATE: _____

NEW CUSTOMER? YES () NO ()

PREVIOUS CUSTOMER? YES () NO () IF SO, WHEN AND WHERE? _____

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

RENT () OWN () OTHER () IF OTHER, PLEASE EXPLAIN: _____

IF RENT, PROPERTY OWNER'S NAME: _____

PHONE NUMBER: _____

OWNER'S MAILING ADDRESS: _____

HOW MANY RESIDING IN HOUSEHOLD? _____

TYPE OF SERVICE REQUESTED?

RESIDENTIAL ()

COMMERCIAL () TYPE: _____

INDUSTRIAL () TYPE: _____

APPLICANT'S PLACE OF EMPLOYMENT:

EMPLOYER ADDRESS: _____ NUMBER: _____

SPOUSE'S NAME: _____ NUMBER: _____

SPOUSE'S PLACE OF EMPLOYMENT:

ADDRESS: _____ NUMBER: _____

USDA/WEP: _____

"In accordance with federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex and familial status. (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410 or call 1-(800)-795-3272.

I hereby authorize service to be established in my name at the above property location and agree to pay for service until discontinued by m request in writing. I understand that this application is accepted subject to the availability of service at this location.

APPLICANT SIGNATURE: _____ DATE: _____

UTILITY REPRESENTATIVE: _____ DATE: _____

.....

FOR OFFICE USE ONLY

NAME: _____ ACCOUNT #: _____

DEPOSIT AMOUNT: _____ PAID? _____

METER SIZE: _____ METERE #: _____

DATE ON: _____ DATE OFF: _____

METER READING: _____

SIGNATURE: _____