Southwest Harbor Water & Sewer District

CUSTOMER INFORMATION SHEET-TRANSFER SERVICE

Type of Service:	Residential	Commercial	Municipal/Ta	ax Exempt	Fire Protection	Apt./Condo (Unit#)
(Circle one)						
Will this be a Seasonal Residence: (occupied 9 months or less/year)				YES	NO	
Type of Service Rec	uested:	Water	Sewer	Both		
(Circle one)						
Property Owner(s):						
Service Location Ac	ldress:					
Mailing Address:						
Primary Phone: Alternate Phone:						
E Mail Address:						
Would you prefer yo	our bills: Regul	ar Mail	E Mailed		(circle one or bo	oth)
Contact Person* Na	me and Phone N	lumber:				
		*(Someone other	r than yourself tha	t could allow t	he Water District acc	ess to your water meter)
Will this property be	a rental proper	ty? YES	NO			
If yes, is it rented Se	easonally or Yea	r Round?				
If Year Round, inclu	de Name and Nເ	ımber of your c	urrent Renter	:		
Will this property be	under manager	ment from a pro	fessional pro	perty man	ager? YES	NO
Name of Managing (Company/Persor	ո։				
Contact Name:			Phone:			
Mailing Address:						
Email Address:						
Is this Property use	d Commercially	? YES	NO			
If yes, please	e include busine	ss name or des	scription of co	ommercial	use:	
SEWER, SUBJECT THARBOR WATER & AUTHORIZATION FOR SERVICE OR REPAIR ACCURATE INFORM WATER AND SEWELL UNDERSIGNED MAI	O THE RULES ASEWER DISTRICED WATER DISTRICED OF THE REPUBLICATION OR THE REPUBLICATION DESCRIBED ABOVE THE RESCRIBED ABOVE THE RESCRIBE THE RESCRIPT THE RESCRIPT THE RESCRIBE THE RESCRIPT T	AND REGULATION OF AND THE MA RICT PERSONN WNED BY THE TELL INTENTIONAL FOR REFERRAL IN FOR SUPPLY OVE. THERE IS	ONS, AND TE LINE PUBLIC UNEL TO ENTE WATER DIST FALSIFICATIO TO APPROP OF SOUTHW S A \$10 FEE T	RMS AND (JTILITIES (R THE ABO RICT(I.E. V)N OF INFO RIATE LAV EST HARB O CHANGE	CONDITIONS OF COMMISSION. OVE DESCRIBED (ATER METER). DRMATION MAY VENFORCEMEN OR WATER AND	THIS INCLUDES D PREMISE TO READ, FAILURE TO PROVIDE RESULT IN DENIAL OF
Office Use Only:						
Account Number Date Received:					l:	