

**NEWPORT WATER DISTRICT
APPLICATION FOR WATER SERVICE**

Applicant Name: _____ Co-Applicant Name: _____

Service Location: _____

Mailing Address: _____ Telephone No. _____

Emergency Contact Name and Telephone No: _____

Applicant is: Residential ____ In-home Bus ____ Business ____ Corporation ____ DBA ____ Sole Prop. ____

Applicant Employer Name, Address & Tel No: _____

Co-Applicant Employer Name, Address & Tel No: _____

Total number of persons residing at service location: _____

Customer Status: Owner ____ Tenant ____ If tenant, provide Owner(s) name, address & telephone #: _____

If business is tax-exempt entity, copy of tax exempt certificate must accompany Application: Yes ____ No ____

Has Applicant or Co-Applicant previously had service with NWD: Yes ____ No ____

If yes, provide name and address: _____

Does Applicant or Co-Applicant owe unpaid bills at this utility or for any other kind of utility service: Yes ____ No ____

If YES, name utility and dates: _____

Does anyone at the service location have a medical condition that requires life support equipment or that may require emergency restoration if water service is interrupted? Yes ____ No ____

Applicant and Co-Applicant (if applicable) agree to comply with all applicable rules and regulations of the Maine Public Utilities Commission and the Newport Water District. Applicant and Co-Applicant further agree to be responsible for all payments for all services provided by the Newport Water District until such time as Applicant properly notifies NWD that service is terminated. Office hours and location are 7:00 a.m.–3:30 p.m. 124 Moosehead Trail, Newport, ME. NEWPORT WATER DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER.

IDENTIFICATION PROVIDED:

Driver License:

Applicant _____ Date _____

Other:

Co-Applicant _____ Date _____

FOR OFFICE USE ONLY – RESI COM GOV/PUB INDUST SPRKLR HYDRNT

Applicant Name: _____

Account/SID #: _____

Sequence/Book #: _____

Service Status: New ____ Transfer ____

New account fee \$ ____ Paid ____ Billed to account ____

Terms & Conditions, Rate Sheet, Civil Rights and CCR: Provided ____ Mailed ____ Current Customer ____

Application Received: ____ Service Connection Fee Paid: ____ Service On Date: ____

NEWPORT WATER DISTRICT
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