APPLICATION FOR **SEWER** ALLOCATION (Contribution-in-aid of Construction)

Office of New Shoreham Sewer District PO Box 774; Block Island, RI 02807
Phone (401) 466-3231; Fax (401) 466-3237; E-mail: NSSC@new-shoreham.com

☐ New SEWER Service ☐ Existing SEWER Account # ____

ALLOCATION YEAR 10/2025 - 10/2026

To be filled out by Office

APPLICATION COMPLETED:

DATE/TIME of APPLICATION:

SEWER AUTHORIZATION: _____

Sewer Superintendent

Plat: Lot: Fire No: Number of buildings:

Owner's Name: Phone Number:

Address: Email:

SEWER gallons per day gpd SEWER gallons per quarter GALLONS

Cost of SEWER Allocation: **$10.66** per gpd Your SEWER request will cost $

Sewer allocation will increase _____ gallons per summer quarter to a total of _____gallons.

Purchase is non-refundable

Owner/Owner's Designee signature of agreement _____

Date _____

Allocation is based on the total gallons used on the four peak consecutive days in the summer quarter, July 1 through September 30. If your usage exceeds the allocation for the summer quarter, you will be assessed a penalty of $17.00 per thousand gallons used beyond your sewer allocation. Payment for allocation is due within thirty (30) days of approval.

User fees are assessed monthly and are due in the Finance Office *before* the last working day of the month.

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The following information is requested by the Federal Government in order to monitor our compliance with Title VI of the Civil Rights Act of 1964 and other federal laws that prohibit discrimination against applicants on the basis of race, national origin and gender. This information will not be used to evaluate your application or to discriminate against you in any way. Should you not provide the requested information, an employee or representative of the program for which you are applying is required to complete the information based upon visual observation.

( ) I do not wish to furnish this information

Race/National Origin/Gender (optional)

☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ American Indian/Alaskan Native

☐ Black/African American ☐ Asian ☐ Native Hawaiian/other Pacific Islander

☐ White

☐ Male ☐ Female

SIGNATURE OF APPLICANT DATE