

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

Office of New Shoreham Water District PO Box 774; Block Island, RI 02807

Phone (401) 466-3231; Fax (401) 466-3237; E-mail: NSSC@new-shoreham.com



New WATER Service

Existing WATER Account # _____

New SPRINKLER/FIRE Service

ALLOCATION YEAR 10/2021 - 10/2022

To be filled out by Office

DATE/TIME of APPLICATION:

APPLICATION COMPLETED:

Plat: Lot: Fire No: Number of buildings:

Owner's Name: Phone Number:

Address: Email:

WATER gallons per day gpd WATER gallons per quarter GALLONS

Cost of WATER Allocation: **\$11.89** per gpd Your WATER request will cost \$

Water 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 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 \$55.00 per thousand gallons used beyond your water 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.

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send you completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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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)

- | | | |
|---|--|--|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> American Indian/Alaskan
Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/other Pacific
Islander |
| <input type="checkbox"/> White | | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | |

SIGNATURE OF APPLICANT

DATE