

OAK BLUFFS WATER DISTRICT
Water Service Line Installation
Application/Permit/Contract
(Please Print Clearly)

Applicant: _____ Date: _____

Phone #: _____

Property Owner: _____

Owner Address: _____

Owner Phone #: _____

Bill to Address: _____

LOCATION OF PROPOSED WATER SERVICE LINE INSTALLATION:
MAIN TO CURB BOX ONLY

Street: _____ Map/Parcel: _____

Residential: _____ Commercial: _____

Signature of Applicant: _____

For Office Use Only

Acct #: _____

Date Application Received: ____/____/____ Approved By _____

Date SDC Received: ____/____/____ \$ _____

Sewer: Yes: _____ No: _____ Book: _____ Folio: _____

Dig Safe #: _____ Effective Date ____/____/____

Date Service Installed: ____/____/____

Trench Inspected By: _____ Date: ____/____/____

Date Water Turned On: ____/____/____