

SERVICE LINE RE-NEWAL

OAK BLUFFS WATER DISTRICT (Please Print Clearly)

LOCATION OF PROPOSED WATER SERVICE LINE RENEWAL:

Account # _____ Street: _____

Map/Parcel: _____ Residential: _____ Commercial: _____

Applicant: _____ Date: _____

Phone #: _____

Property Owner: _____

Owner Phone #: _____

Signature of Applicant: _____

For Office Use Only

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

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