

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

**Applications for water service must be submitted with a certified Plot Plan, Sewerage Disposal Plan, a copy of the Building Permit and the appropriate fees.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

**LOCATION OF PROPOSED WATER SERVICE LINE INSTALLATION:**

Street: \_\_\_\_\_ Map/Parcel: \_\_\_\_\_

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

**The water customer is responsible for the proper care of the metering system including all associated costs.**

Water Meter System Costs:

Initial Installation.....	Owners Expense
Frozen/Damaged Meter.....	Owners Expense
Upgrade Replacement.....	District Expense
Backward Installation.....	Owners Expense/Including Fee
	(See Fee Schedule)

Meter systems must be accessible at all times by District personnel. The District may require the meter to be placed in an approved meter pit at the water customers' expense for a variety of reasons including, but not limited to, length of water service, accessibility, subject to freezing conditions etc.

**By signing this application, I am representing the owner in all aspects of the proposed water service and understand all the requirements of the District.**

Signature of Applicant: \_\_\_\_\_

**For Office Use Only**

Acct #: \_\_\_\_\_

Date Application Received: \_\_\_/\_\_\_/\_\_\_ Date SDC Received: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

Sewer: Yes: \_\_\_ No: \_\_\_ Book: \_\_\_\_\_ Folio: \_\_\_\_\_

Service Installation Date: \_\_\_\_\_ Trench Inspected By: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

Dig Safe # \_\_\_\_\_ Effective Date \_\_\_/\_\_\_/\_\_\_

**The Oak Bluffs Water District is an equal opportunity provider and employer.**

**PLEASE SEE REVERSE SIDE**

## Racial Status Information Block

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but, are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information \_\_\_\_\_

Ethnicity:

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Race/National Origin:

American Indian or Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_

Other (specify) \_\_\_\_\_

Sex:

Female \_\_\_\_\_

Male \_\_\_\_\_