

PATTEN WATER DEPT
PO BOX 260
PATTEN, ME 04765
PHONE (207) 528-2215 FAX (207) 528-2055

APPLICATION FOR WATER/SEWER SERVICE

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

HOME PHONE _____

WORK PHONE _____

I am applying for (seasonal or year-round) _____ service exclusively for the service address listed above. The use of the service is:

_____ Residential _____ Commercial _____ Industrial _____ Fire Protection

I am applying for _____ water _____ sewer

I agree to comply with all applicable Rules and Regulations of the Maine Public Utilities Commission and the Patten Water Department, copies of which are on file at the Patten Town Office.

Have you had service in your name from this utility before? ___ yes ___ no

Does a member of your household have a medical condition, life support equipment, or other circumstances which would require emergency restoration if water service is interrupted? ___ yes ___ no

Signature of Applicant

Date