

ASHLAND WATER/SEWER DEPARTMENT

6 Collins Street
Ashland, NH 03217
Phone: 603-968-4002
Fax: 603-968-9048

APPLICATION FOR WATER/SEWER SERVICE (PLEASE PRINT)

DATE: _____

CUSTOMER NAME: _____

MAILING ADDRESS: _____ (LAST) _____ (FIRST) _____ (MI)

SERVICE LOCATION: _____

NAMES OF ALL ADULT RESIDENTS: _____

TELEPHONE NUMBER: _____ SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER: _____ EMPLOYER TELEPHONE NUMBER _____ (Optional)

EMPLOYER NAME & ADDRESS: _____

EMERGENCY CONTACT NUMBER: _____

EFFECTIVE DATE OF SERVICE: _____

TYPE OF SERVICE REQUESTED: 5/8" MAIN _____ SINGLE FAMILY DWELLING _____
1" MAIN _____ MULTI-FAMILY DWELLING _____
1-1/2" MAIN _____ UNITS _____
2" MAIN _____ ACCOUNT # _____

SECURITY DEPOSIT: \$ _____ CID # _____

NEW WATER SERVICE _____ EXISTING WATER SERVICE _____

NEW SEWER SERVICE _____ EXISTING SEWER SERVICE _____

BAD CHECK CHARGE: \$25.00 PLUS BANK CHARGES
RECONNECT CHARGE DURING OFFICE HOURS: \$25.00 TURN ON/OFF CHARGE: \$ 30.00 EA.
RECONNECT CHARGE AFTER OFFICE HOURS: \$40.00 CONNECT FEE \$ _____

(I, WE) _____ AGREE TO OBEY THE RULES AND REGULATIONS OF THE ASHLAND WATER DEPARTMENT. (I, WE) UNDERSTAND THAT THE BILLS ARE BILLED MONTHLY AND PAYABLE WITHIN THIRTY (30) DAYS FROM THE DATE OF THE BILL. (I, WE) AGREE TO PAY ANY AND ALL COSTS OF COLLECTIONS IN THE EVENT THAT (I, WE) DO NOT PAY THE BILL. **THE ASHLAND WATER DEPARTMENT WILL BE NOTIFIED IN WRITING BEFORE (I, WE) MOVE AND A FORWARDING ADDRESS IN WRITING MUST BE FURNISHED.**

I HEREBY AGREE TO PAY THE RATE ESTABLISHED BY THE DEPARTMENT FOR THE USES ABOVE MENTIONED, AND NO ADDITION OR ALTERATION IN ANY SERVICE INSTALLATION WHICH WOULD CHANGE THE RATE OF THE APPLICATION SHALL BE MADE WITHOUT FIRST NOTIFYING THE DEPARTMENT.

(CUSTOMER'S SIGNATURE)