DATE OF APPLICATION: _____ SERVICE # _____ ACCOUNT # _____

BELFAST WATER DISTRICT, 41 WIGHT STREET, P.O. BOX 506, BELFAST, ME 04915-0506
Tel: 207-338-1200 Fax: 207-338-0444 E-mail: info@belfastwater.org Web: www.belfastwater.org

APPLICATION FOR WATER SERVICE

The undersigned hereby contracts for water service from the mains of the Belfast Water District for location at:

Service Address: _____

Mailing Address: _____

Business Name (if applicable): _____

Service Use: ☐ Residential ☐ Single family or ☐ Multi-unit # of units_____
_____% of building used for non-residential purposes (per Maine Revenue Services 624-9693)

☐ Commercial ☐Industrial ☐ Public Authority ☐Fire Protection
☐ Tax Exemption #_____ (Please provide Exemption Certificate)

I agree to comply with the Terms and Conditions of the Belfast Water District now in force or which may hereafter be ordered or approved by the Maine Public Utilities Commission (PUC). The undersigned further agrees to be responsible for all payments for water services at the premises described above at the rates now in force or which may be hereafter ordered or approved by the Maine PUC. Payments for such service shall be paid by the undersigned until services are terminated. If requested by my Attorney, Title Company, Closing Agent, Real Estate Agent, Accountant, Finance Company, or Utility, I authorize the release of information regarding my water service account.

☐ OWNER ☐TENANT Landlord's Name: _____ Phone #: _____

_____ _____
Applicant Name Co-Applicant Name

E-mail: _____ ☐ Yes, I want a PAPERLESS BILL

Telephone #_____ Telephone # _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Applicant: Please include application fee of $30.00 with your completed application for water service, otherwise it will be added to your first bill.

Previous address: _____
How long at previous address: _____

Do you have unpaid bills at this utility or for any other kind of utility service? Yes ☐ No ☐
If yes, where? _____

Have you filed bankruptcy within the past 6 years? Yes ☐ No ☐

Does anyone at the service address have a medical condition that requires life support equipment or that may require emergency restoration if water service is interrupted? Yes ☐ No ☐
(If medical condition exists, please attach physician's statement).

The Belfast Water District requests the following information in order to assure the Federal Government, acting through the Rural Economic & Community Development (RECD), the Federal Laws prohibiting discrimination against applicant on the basis of race, national origin and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Belfast Water District is required to note on the basis of visual observation or surname. **Please check one of the following:**

Race/National Origin:
☐White, not of Hispanic Origin ☐Hispanic ☐Asian or Pacific Islander
☐American Indian or Alaskan Native ☐Black, not of Hispanic Origin
☐Other (specify) _____

Race/National Origin:
☐White, not of Hispanic Origin ☐Hispanic ☐Asian or Pacific Islander
☐American Indian or Alaskan Native ☐Black, not of Hispanic Origin
☐Other (specify) _____

FOR OFFICE USE ONLY: App Fee Date Received _____ Ck#_____ Update: ☐comp ☐cards ☐message code ☐scanned ☐service active date_____