



# Searsport Water District

46 Prospect Street • P.O. Box 289 • Searsport, Maine 04974  
Phone (207) 548-2910 • Fax (207) 548-6719  
Email: info@searsportwater.org • Web: www.searsportwater.org

## APPLICATION FOR WATER SERVICE

**PLEASE PRINT**

Owner:  Tenant:  Landlord:  \_\_\_\_\_ Home/Mobile# \_\_\_\_\_

**LANDLORDS WILL BE NOTIFIED OF DELIQUENT BALANCES**

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Home/Mobile# \_\_\_\_\_ Home/Mobile# \_\_\_\_\_

Applicant Driver's License# \_\_\_\_\_ Co-Applicant's Driver's License# \_\_\_\_\_

Service address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different)

Previous Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applying for  **Year-Round**  **Seasonal** water service exclusively for the service address listed above.

The use of this service is (check one):

**Residential**       **Commercial**       **Industrial**       **Fire Protection**

I agree to comply with all applicable Rules and Regulations of the Maine Public Utilities Commission and Searsport Water District Terms & Conditions, copies of which are on file at the Searsport Water District office. I also hereby grant permission to release water utility account information in the event of the sale or transfer of service address listed above.

I (check one)  **have**  **have not** previously had water service in my name with the Searsport Water District.

A member of my household (check one)  **Does**  **Does Not** have a medical condition, life support equipment or other circumstances that require emergency restoration if water service is interrupted.

**(If medical condition exists, please attach physician's statement.)**

**The appropriate application fee must be submitted with application:**

**Office Hours M – F 7:30AM – 3:30PM**

Change of name only \_\_\_\_\_ → **\$15.00**

Change of name with connection of service \_\_\_\_\_ → **\$65.00**

**During Nights/Weekends and Holidays**

Change of name with connection of service \_\_\_\_\_ → **\$90.00**

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

FOR OFFICE USE ONLY

ACCT# \_\_\_\_\_

APPLICATION FEE ADDED \_\_\_\_\_

PROCESSED BY (INITIALS & DATE) \_\_\_\_\_