

KENNEBUNK, KENNEBUNKPORT & WELLS WATER DISTRICT
 92 Main Street, P.O. Box 88
 Kennebunk, ME 04043

Phone (207) 985-3385
 Fax (207) 985-3102
 Email info@kkw.org

APPLICATION FOR NEW WATER SERVICE

Date _____

OWNER INFORMATION:

Name _____
 Address _____

 Phone _____ Fax _____
 Email _____

AGENT/CONTRACTOR:

Name _____
 Address _____

 Phone _____ Fax _____
 Email _____

* By checking this box and typing my name below, I am electronically signing my application.

Signature _____

Signature _____

PROPERTY INFORMATION:

Town _____ Street Address _____
 Property Tax Map _____ Block _____ Lot _____
 Subdivision _____ Lot _____

TYPE OF SERVICE:

Year round _____ Seasonal _____
 Commercial Use: Yes _____ No _____

SERVICE SIZE: (Main to gate) _____"
SERVICE PIPE: (Street to house)
 Size _____ Depth _____ Distance _____
 Material _____

NOTE: IF NEW CONSTRUCTION, PLEASE SUBMIT A COPY OF THE BUILDING PERMIT

THIS PORTION TO BE COMPLETED BY DISTRICT PERSONNEL

MAIN: Availability: Yes _____ No _____ Deep _____ Surface _____ Size _____ Material _____
SERVICE: Water _____ Fire _____
 (Main to Gate) Depth _____ Distance _____ Size _____ Material _____
METER: Size _____ Location: Basement _____ Box _____ Other _____

FIELD CHECKLIST: Date / #
 Bldg. Permit Rec'd _____
 Estimate Sent _____
 Opening Permit Appl _____
 Opening Permit Rec'd _____
 Dig Safe Notified _____
 Dig Safe Permit # _____
 G to H Installed _____

DEPOSITS:	<u>Amount</u>	<u>Date paid</u>	<u>Paid by</u>
Meter	\$ _____		
S.D.C.	\$ _____		
Service	\$ _____		
Other	\$ _____		
TOTAL	\$ _____		

COMMENTS: _____

OFFICE CHECKLIST:
 Installation Date _____
 Work Order # _____
Account # _____
 Directory Page # _____
 Directory List _____
 On Computer _____
 Contract Package Sent _____
 Service Card Rec'd _____