



Effective Date *MM/DD/YYYY*

Property (Service) Location *(Street)*

(Suite / Apt. / P.O. Box)

(City) *(State)* *(Zip)*

(Map) *(Lot)*

Previous Owner *(First & Last or Business Name)*

Type of Service*

- Residential
- Commercial
- Government

**Please see page 2 for detailed questions about each type of service.*

AGREEMENT TO PAY

I hereby contract with Boothbay Region Water District for water service and agree to pay for the same in accordance with the established rates of said Water District until written notice is given to discontinue said water service, and to conform to all Rules and Regulations of said Water District, now in force or which may hereafter be adopted, governing the use of water.

I understand that should my property ever be rented, and the tenant has water service in their name(s) and fails to make full payment I, as the property owner, am responsible for payment and agree to indemnify and hold harmless the Boothbay Region Water District from any and all debts and costs of collection in connection with said debt.

Applicant Signature

Date

Co-Applicant Signature

Date

Business or Gov't Name *Preferred Name to use on Account*

Contact #

Applicant Name *(First & Last) Preferred Name to use on Account*

Applicant Phone #

Co-Applicant Name *(First & Last)*

Co-Applicant Phone #

Applicant Email

Applicant Date of Birth

Applicant Mailing Address *(Street)*

(Suite / Apt. / P.O. Box)

(City)

(State)

(Zip)

Do you owe any outstanding bills for water?

- Yes
- No

Have you filed bankruptcy within the past 6 years?

- Yes
- No

SS # or Fed. Tax ID

Driver's License #

Applicant Place of Employment or Source of Income

Contact Number

Release

I/We hereby give the Boothbay Region Water District permission to release any and all information which may be deemed necessary in order for collection of any outstanding debts I/We may incur to the Water District.

EQUAL OPPORTUNITY PROGRAM

Civil Rights Information Collection for USDA Financed Organizations

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. 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, we are required to note the race/nationality origin of individual applicants on the basis of visual observation or surname.

Recipients using application forms will provide services and benefits in the order applications are received. A current waiting list will be maintained by the date and time an application is received, name of the applicant, race/national origin and a summary of the action taken.

Above records will also reflect the number of applicants approved or rejected for the benefit or service by race/national origin. The recipient shall make a report of this information available to Rural Development employees, USDA officials, and other appropriate Federal employees, i.e., HUD or DOJ employees, as requested by telephone or written notice through an appropriate Rural Development Official.

Race

- White
- Black
- Hispanic
- American Indian or Alaskan Native
- Asian or Pacific Islander
- I prefer not to answer

Sex

- Male
- Female
- I prefer not to answer



CHOOSE ONLY 1

(Residential, Government, or Commercial)

RESIDENTIAL

Applicant Name:

Residential Type:

- Single Family
- Rental
- Apartment
- Condo
- Duplex

Will there be:

- Fire Protection
- Pool
- Underground Irrigation (Requires Separate Line)
- None of the Above

Will there be a Pressure Tank / Booster Pump installed on public water supply? Yes No

GOVERNMENT

Name of Government Organization:

Government Type:

- Local
- State
- Federal
- Quasi-Municipal

Government Type Water Use:

Additional Info/Comments:

COMMERCIAL

Business Name:

Demand and Flow:

Peak Demand (gpm) Peak Daily Flow (gpd) Peak Pressure Need (psi)

Ave. Demand (gpm) Ave. Daily Flow (gpd) Ave. Pressure Need (psi)

Peak Flow Season (Peak Months)

Commercial Type Water Use:

- Restaurant
- Primary Food Processing
- Harvested Sea Products
- Professional (medical)
- Professional (non-medical)
- Retail (perishable)
- Retail (non-perishable)
- Day Care
- Nursing Home
- Entertainment
- Inn, Hotel, or Motel
- Irrigation
- Agriculture
- Aquaculture
- Light Manufacturing
- Heavy Manufacturing

COMMON QUESTIONS

Please Provide # of Fixtures:

- Kitchen Sink
- Dishwasher
- Washer
- Laundry Tub
- Outside Spigot
- Lavatory
- Bathtub/Shower
- Toilet w/ Flush Tank
- Toilet w/ Flush Valve

Others: Please List

Type of Service

Residential Commercial Government

Percentage Used For

Personal Business Government

Please specify the percentage the property is used for business purposes. This is for Maine State Bureau of Taxation. All water used for business purposes is taxable. If not completed, commercial property will be taxed at 100%. Must be broken down to nearest 10%.

Annual or Seasonal?

- ANNUAL: Year round water service at the same premises. (Quarterly Billing)
- SEASONAL*: Seasonal water use includes intermittent use, season after season, at the same premises. (Seasonal Billing)

*Where available.

Fire Protection/Sprinkler Required?

- Yes
- No

Sprinkler Line Size:

Boothbay Region Water District Responsibilities

1. Supply of potable water.
2. Installation of meter and meter findings.

Applicant Responsibilities

1. Cost of the service line from the water main to the building, plumbing, including excavation, and any permits required (ie., Road Opening)
2. If required, cost of tapping of water main to be reimbursed to the District.
3. Read and comply with the Boothbay Region Water District's Terms and Conditions of Service.

TERMS AND CONDITIONS

- I have read and understand the above. I have also reviewed the Terms and Conditions of Service on the bbrwd.org/policies page. I authorize the Boothbay Region Water District to enter the premises and access the property to inspect the service installation, normal maintenance of the water meter, evaluate, require and test backflow prevention devices, and evaluate potential usage. I further understand the estimated cost is to be paid in advance and any adjustments will be made upon completion of the work.

Applicant Signature

Date

Co-Applicant Signature

Date