



Boothbay Region Water District

PO Box 520 • Boothbay, ME 04537
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BBRWD.org

New Service Application

For locations that have NEVER HAD water service.

Updated 11/25

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:

- | | |
|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Primary Food Processing | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Harvested Sea Products | <input type="checkbox"/> Inn, Hotel, or Motel |
| <input type="checkbox"/> Professional (medical) | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Professional (non-medical) | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Retail (perishable) | <input type="checkbox"/> Aquaculture |
| <input type="checkbox"/> Retail (non-perishable) | <input type="checkbox"/> Light Manufacturing |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> 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

Please specify if this property is used for personal,
business, or government purposes. This is for
Maine State Bureau of Taxation. All water used for
business purposes is taxable.

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