

**Town of Brownville
Water & Sewer Departments
586 Main Road
Brownville, Maine 04414**

Phone: 207.965.2561 Fax: 207.965.8768 Email: autumn@brownville.org

APPLICATION FOR WATER SERVICE:

Applicant Name: _____ Telephone No. _____

Co-Applicant Name: _____ Telephone No. _____

Driver's License or Other ID Information: _____

Service Location: _____ E-Mail: _____

Mailing Address: _____

Emergency Contact Name and Tel No: _____

Applicant Employer Name, Address & Tel No: _____

Co-Applicant Employer Name, Address & Tel No: _____

The use of this service is: Residential Commercial Mixed Residential/Commercial Industrial Fire Protection
_____ % of building used for non-residential purposes (information required by Maine Revenue Services 207-624-9693)

Please state Business name, if applicable _____
(If business is tax-exempt entity, copy of certificate must be provided in order to receive the exemption)

Total number of persons residing at service location: _____ Customer Status: Owner _____ Tenant _____

If Tenant, provide Owner(s) Name, Address & Telephone #: _____

Has Applicant or Co-Applicant previously had service with **Brownville Water Department**: Yes ___ No ___ Years of Service ___

If yes, provide Account Name and/or Address: _____

If no, please provide name of the Applicant's and Co-Applicant's most recent water utility. _____

Please give Account Name and Address: _____

Do Applicant and/or Co-Applicant owe unpaid bills to this utility or to any other utility: Yes _____ No _____

If yes, name utility(s) and service dates: _____

Have you declared bankruptcy within the past six years Yes [] No []

Does anyone at the service location have a medical condition that requires life support equipment or that may require emergency restoration if water service is interrupted? Yes _____ No _____

PLEASE READ PRIOR TO SIGNING BELOW: The undersigned hereby agree(s) to comply with all applicable Rules and Regulations of the Maine Public Utilities Commission, and with the **Brownville Water Department** Terms and Conditions now in force or which may hereafter approved. The undersigned further agree(s) to be responsible for all payments for Applicant water service provided by the **Brownville Water Department** until such time as Applicant properly notifies the **Brownville Water Department** that service is terminated. The undersigned understand(s) that provision of incomplete or false information may result in referral to the appropriate law enforcement agency. The undersigned hereby give(s) the **Brownville Water Department** permission to release any and all information which is deemed necessary to collect outstanding debts owed to the **Brownville Water Department**.

Applicant Signature Date

Co-Applicant Signature Date

SEE BACK FOR IMPORTANT INFORMATION

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/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Sex: Male Female

Office Use: Application Accepted By: _____ Date Accepted: _____