

TOWN OF GUILFORD APPLICATION FOR WATER CONNECTION/DISCONNECTION

Water District (please check one): Guilford _____ Mt. Upton _____

Applicant Name _____

Mailing Address _____

Town _____ State _____ Zip _____

Tax Map # _____ Phone # _____

Service desired (please check one):

Connect _____ Disconnect _____ Desired Effective Date of change: _____

Street Address of desired service change:

Customer type (please check one):

_____ Single Family _____ 3 Unit rental

_____ Single Family w/rental unit _____ 4 Unit rental

_____ 2 Single Family _____ Church

Customer signature: _____

For Office Use Only:

Water Superintendent signature: _____

Completed service on: _____

Town Clerk signature: _____

Date of change for billing purposes: _____

Comments: