



**Southampton Water Department**  
**P.O. Box 379**  
**Southampton, MA 01073**  
**413-532-4249**

PO Box 379  
Southampton, MA 01073  
Brett Simmons, Water Superintendent

Commissioners  
Timothy Gaudet  
Charles Kaniecki  
Steven Johnson

**APPLICATION FOR PUBLIC WATER SERVICE CONNECTION**

Name of Applicant: (Printed) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant: (Signed) \_\_\_\_\_

Date of Application for Water Service: \_\_\_\_\_ Permit # \_\_\_\_\_

Address of Water Service: \_\_\_\_\_

Billing Address if Different: \_\_\_\_\_

**By signing above I hereby agree to, the Rules and Regulations of the Southampton Board of Water Commissioners. I acknowledge that during emergency periods my water service may be, interrupted and that the Water Department will restore full service as soon as possible. I agree to connect to the public water service within one (1) year of the date of this application, if not connected within this time period the current quarterly fee will be applied to this service location.**

CONNECTION FEE PAID: \$ \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ (initial)

SERVICE PIPE DIAMETER: \_\_\_\_\_

SERVICE CONTRACTOR: \_\_\_\_\_

SPECIAL CONDITIONS: (IF ANY) \_\_\_\_\_

TRENCH PERMIT # \_\_\_\_\_ PLUMBING PERMIT # \_\_\_\_\_

**SOUTHAMPTON WATER DEPARTMENT PERMIT FOR SERVICE CONNECTION**

DATE PERMIT ISSUED: \_\_\_\_\_ PERMIT # \_\_\_\_\_

PERMIT ISSUED TO (OWNER): \_\_\_\_\_

PERMIT APPROVED (SOUTHAMPTON WATER DEPT): \_\_\_\_\_