



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
John Workman

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 Adress 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): _____