

WATER SERVICE APPLICATION

**Wannacomet Water Company
1 Milestone Road
Nantucket, MA 02554
Phone 508-228-0022 - Facsimile 508-325-5344
Website: www.wannacomet.org
Email: water@nantucket-ma.gov**

The undersigned hereby makes application to the Nantucket Water Commission, THE WANNACOMET WATER COMPANY, for a supply of water by meter measurement.

The undersigned agrees to abide by the established rules and regulations as set by the Nantucket Water Commission, or which hereafter may be enacted or adopted, and to pay for service at the adopted rates as filed with the Water Commission or any subsequent rates which may be filed and accepted by such Commission.

The undersigned agrees that the water supplied through the service line supplying the said premises shall be used only on such premises and that no water shall be sold by the undersigned nor allowed to be taken through said service for use on any other premises.

There is a minimum monthly charge for zero usage set by the commission.

Cost per 1” installation: \$5,000.00 Change of Ownership transfer fee: \$100.00

Please type or print clearly:

Date of Ownership: _____ Map & Parcel: _____

I hereby apply for a supply of water at _____

Owned by: (Print name) _____

Billing Address: _____

Phone Numbers: (H) _____ (W) _____ (Cell) _____

Email address: _____ E-bill only: _____

E-bill & paper: _____ Paper bill only: _____

1. Application requires a copy of building permit (new construction only)
2. Nature of occupancy: Seasonal _____ Year-round _____
3. Town Sewer: _____ Septic System: _____
4. Name of Plumber and/or Caretaker: _____ Phone: _____
5. In-ground irrigation system: Yes _____ No _____
6. Job Excavator/Contractor: _____ Phone: _____
7. Signature of Owner or Authorized Person: _____

For company use only:

Service/Installation: _____ Stub Service: _____ Meter Installation: _____

Account Number: _____ Service Number: _____ Book/Read Sequence: _____

Size of Service: _____ Size of Meter: _____ Class of Service: _____

Application taken by: _____ Date: _____

Amount Paid: _____ Date: _____