

DOVER & FOXCROFT WATER DISTRICT
48 Morton Ave., Suite B
Dover-Foxcroft, ME 04426
Telephone (207) 564-2310 Fax (207) 564-3175
An Equal Opportunity Employer & Service Provider

Application for Water Service
Please print unless otherwise noted

Applicant Name: _____ Tel# _____

Co-Applicant Name: _____ Tel# _____

Driver's License# _____ Email (optional): _____

Service Location: _____ Acct# _____ Serv# _____ Route# _____

Mailing Address (if different from location): _____

Applicant Employer Name,Address & Tel#: _____

Co-Applicant Employer Name,Address & Tel#: _____

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

Business Name, if applicable _____
(If Business is a 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 Name, Address & Tel# of Owner: _____

Does anyone residing at this location have a medical condition that requires life support equipment or that may require emergency restoration if water service is interrupted: () Yes () No

Has applicant or Co-applicant previously had service with D&F Water District?: () Yes () No
 If Yes, Name on account (if different from above) & Street Location of previous service: _____

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

_____ Date _____ Co-Applicant Signature _____ Date _____