

BAILEYVILLE UTILITIES DISTRICT

32 MAIN STREET, P.O. BOX 40

BAILEYVILLE, MAINE 04694

Phone: 207-427-3328

Email: baileyvilleutilitiesdistrict.org

APPLICATION FOR SERVICE

Applicant Name: _____ Tel: ___ / ___ / ___ Email: _____

Service Location: _____ Service Use: Residential{}

Commercial{} Residential/Commercial{} Industrial{} Fire Suppression{} (check one).

Type of Business: _____ Business Name: _____

Mailing Address: _____

Applicant Status: Owner{} Tenant{}. If Tenant, Provide Owner's Name, Address and Telephone Number: _____

Has Applicant Previously Had Water Service With Baileyville Utilities District?

If Yes, Provide Account Number and Address: _____

Date Water Service To Begin: ___ / ___ / ___.

Does Owner or Tenant Currently Owe Bills to Baileyville Utilities District? Yes / No (circle one)

Does Anyone At The Service Location Have A Medical Condition That Requires Life Support Equipment Or That May Require Emergency Restoration Of water Service, If Interrupted? Yes / No (circle one).

The Undersigned Hereby Agree(s) To Comply With All Applicable Rules And Regulations Of The Maine Public Utilities Commission, And With The Baileyville Utilities District's Terms And Conditions Now In Effect Or Which May Hereafter Be Approved. The Undersigned Further Agree(s) To Be Responsible For All Payments For The Applicant's Service Provided By The Baileyville Utilities District Until Such Time As Applicant Properly Notifies The Baileyville Utilities District That Service In Their Name Is To Be Terminated.

Applicant Signature: _____ Date: ___ / ___ / ___

District Representative: _____ Date: ___ / ___ / ___

Please Refer To *Terms And Conditions* Section for Service Connection Fees.