



BOYLSTON WATER DISTRICT

P.O. 791 • Boylston, MA 01505 • Tel. 508-869-3400 • Fax 508-869-2666

Application for Water Service

Owner (print) _____ Date _____

Street _____ Fee _____

Town _____ Lot # _____

Ph # _____

Main or Service Location _____

Size of Main or Service _____ Approx. Length _____

I/we the under signed, hereby make application for water service from said district and hereby accept full responsibility and expense of installation, in accordance with the Rules and Regulations of the District. No service pipes to be covered without approval of the Superintendent.

Five (5) feet of cover over pipes is required.

Owner's signature _____

Location address _____

Note: No work to be started until the application is approved.

Signature _____

I have received a copy of the Rules & Regulations