

**TOWN OF FAIRMONT  
APPLICATION FOR RESIDENTIAL WATER SERVICES**

**SECTION ONE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT THAN ABOVE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ ID OR DRIVER'S LICENSE: \_\_\_\_\_

**SECTION TWO (TO BE COMPLETED BY HOMEOWNER IF TENANT OCCUPIED)**

NAME OF OWNER: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S TELEPHONE NUMBER: \_\_\_\_\_ SAW DEED: YES \_\_\_\_\_ NO \_\_\_\_\_

**SECTION THREE**

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S TELEPHONE NUMBER: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HAVE YOU LIVED AT THIS ADDRESS BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU HAD A WATER ACCOUNT WITH THE TOWN BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN AND WHAT ADDRESS? \_\_\_\_\_

**SECTION FOUR**

OWNER-APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

\_\_\_\_\_  
WATER CLERK

\_\_\_\_\_  
CODE ENFORCEMENT OFFICER

AMOUNT OF DEPOSIT PAID: HOMEOWNER \$75.00 \_\_\_\_\_ TENANT \$150.00 \_\_\_\_\_

**OFFICE USE ONLY**

COMMENTS: \_\_\_\_\_

OWNER'S RELEASE OF DEPOSIT TO TENANT: \_\_\_\_\_

OWNER'S SIGNATURE