



TOWN OF AYER
DEPARTMENT OF PUBLIC WORKS

25 Brook Street, Ayer, MA 01432 T: (978) 772-8240 F: (978) 772-8244



APPLICATION FOR WATER / SEWER SERVICE

SERVICE ACCOUNT INFORMATION

Service Address _____

(If no street address, then parcel number and lot number must be provided)

Water Service Request: ☐ New ☐ Repair ☐ Temporary ☐ NA

Sewer Service Request: ☐ New ☐ Repair ☐ Temporary ☐ NA

Water Service Size/Type: _____ **Sewer Service Size/Type:** _____

Number of Bedrooms: _____ **Estimated Daily Flow (GPD):** _____

Authorized Installer: _____ **Tel.** (____) _____

CUSTOMER INFORMATION

Property Owner/Representative: (please print)

Name: _____ **Tel.** (____) _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

The undersigned hereby certifies that he/she has read and examined this application and that the proposed connection is accurately represented in the statements made in this application. The undersigned hereby applies for water/sewer service and agrees to conform to all rules and plumbing regulations relative to the water/sewer system and to provide access for purposes of inspection by authorized agents of the Town. The DPW Superintendent must approve all service repairs, construction and water meter locations.

Signature of property OWNER or Owner's Representative is required along with application fee. Checks shall be payable to *Town of Ayer*.

Signature (Owner or Owner's Representative): _____

Date: _____ **Print name:** _____

Applications for service must include the Service Sketch, completed by Drain Layer/Water Connector authorized by the Town of Ayer (See Reverse Side).

FOR OFFICE USE ONLY

Amount Paid: _____ **Check Number:** _____ **Date Received:** _____

Outstanding Account Balances (Water, Sewer and/or Taxes): ☐ Yes ☐ No

Application Reviewed: **Water:** _____ **Date:** _____ **Sewer:** _____ **Date:** _____
By Division Initials Initials

Application Approved: **Water:** ☐ Yes ☐ No **Sewer:** ☐ Yes ☐ No

Authorized Signature: _____ **Date:** _____
Superintendent

WATER & SEWER SERVICE SKETCH

to be completed by Authorized Installer

Company: _____

Representative: _____ Contact Number: (____) _____

Service Plan must include: location, size and lengths of proposed water and sewer services, location of all sewer service clean-outs, property line(s), structure(s) and other underground utilities. Offsets from nearest property line(s), structure(s) and other utilities must be provided.