

SOUTHWEST HARBOR WATER & SEWER DISTRICT
SERVICE TRANSFER REQUEST

Name of Applicant: _____ Date: _____
(Property Owner) Last First M.I.

Service Location: _____ Type of Service: Water Sewer Both
(Circle One)

Mailing Address: _____

Previous Address: _____

S.S.#: _____ Primary Phone: _____ Alt. Phone: _____

Email Address: _____

Is this property under management from a professional property manager? YES [] NO []

If yes, please provide the following information:

Name of Management Company: _____
_____ Contact Name:
_____ Contact Phone: _____

Mailing Address: _____

BY SIGNING THIS DOCUMENT THE UNDERSIGNED PARTY HEREBY AGREES TO TAKE AND USE WATER AND SEWER, SUBJECT TO THE RULES AND REGULATIONS, AND TERMS AND CONDITIONS, OF THE SOUTHWEST HARBOR WATER AND SEWER DISTRICT AND THE MAINE PUBLIC UTILITIES COMMISSION. THIS INCLUDES AUTHORIZATION FOR WATER DISTRICT PERSONNEL TO ENTER THE ABOVE DESCRIBED PREMISE TO READ, SERVICE, OR REPAIR PROPERTY OWNED BY THE WATER DEPARTMENT. FAILURE TO PROVIDE ACCURATE INFORMATION OR THE INTENTIONAL FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF WATER AND SEWER SERVICE AND/OR REFERRAL TO THE APPROPRIATE LAW ENFORCEMENT AGENCY. THE UNDERSIGNED MAKES APPLICATION FOR SUPPLY OF SOUTHWEST HARBOR DISTRICT WATER AND/OR SEWER SERVICES FOR THE PREMISE DESCRIBED ABOVE. THERE IS A \$10.00 TO CHANGE THE NAME OF THE RESPONSIBLE PARTY ON ANY AND ALL WATER/SEWER ACCOUNTS. PLEASE MAKE CHECKS PAYABLE TO THE SWH WATER-SEWER DISTRICT.

Applicant Signature Date

__Residential Commercial Industrial Municipal/Tax Exempt Fire Protection
__Apartment/Condo (# of Units_)

Account Number: _____ Meter Size: _____

Service Start Date: _____