

CALAIS WATER DEPARTMENT SERVICE APPLICATION

PROPERTY/SERVICE ADDRESS: _____

(for business applicant) BUSINESS NAME: _____

BUSINESS OWNER/MANAGER: _____

(for individual applicant)

(co-applicant, if applicable)

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

BIRTH DATE _____

DRIVER'S LICENSE STATE & # _____

SOCIAL SECURITY # _____

EMPLOYER _____

MAILING ADDRESS FOR BILLS (if different from service address):

Street: _____

City: _____ State: _____ Zip Code: _____

You can be contacted at:

PHONE NUMBER(S): _____

EMAIL ADDRESS(ES): _____

Have you had Calais water service in your name before? _____ YES or _____ NO

Are you applying as DEEDED OWNER of this property? _____ YES or _____ NO

If NO, the deeded owner/landlord is: _____

**** IMPORTANT - PLEASE NOTE ****

If this is a new service connection or a re-connection, you or someone representing you must meet the water department personnel on-site at the time of connection.

Water Meter Conditions and Responsibilities:

The water meter is the property of the Water Department and is subject to inspection whenever the integrity of the meter has been compromised, the meter is not registering or we suspect any other malfunction with the meter. It is the customer's responsibility to protect the meter from damage due to inclement weather and to protect the meter from potential physical damage. **The meter must be protected from the cold by the owner.** If your meter was insulated and needed to be changed, you must winterize the new meter as well.

I hereby give permission to the Calais Water Department to check my credit standing with any credit agency or other utility they might select. I understand that I am applying for water service to be furnished in accordance with Calais Water Department applicable rules and regulations as filed with and approved by the Maine Public Utilities Commission. I agree to pay for this service in accordance with the Water Department's applicable rate schedule. I understand that if my balance remains unpaid for more than 30 days after the billing date, it may be submitted to a collection agency or small claims court. If this occurs, I will be liable for the court fees and costs of collection. A fee equal to 30% of the balance owed will be added to the total when sent to collections.

PLEASE SIGN & DATE HERE:

APPLICANT _____ DATE _____

CO-APPLICANT _____ DATE _____

ETHNICITY (OPTIONAL – please check any boxes that apply to you, or leave blank):

White _____ Native American/Alaskan Native _____ Black or African American _____
Asian _____ Hawaiian or Other Pacific Islander _____ Other _____

FOR WATER DEPARTMENT PERSONNEL ONLY:

Copy received by _____

Date _____