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Marie Hale, Chairman, James Lemieux & Roger Bickford Commissioners
William G Alexander Jr., Superintendent

## APPLICATION FOR NEW SERVICE

## **Application Process:**

To become a Lisbon Water Department Customer, you must complete our application and return it to the Water Dept. office during normal business hours, provide proof of identity and may have to provide proof of ownership at the time of application unless otherwise approved. Someone will contact you to do an inspection of the location to produce an estimate that must be paid prior to connection of service.

\*\*\*ALL fields MUST be completed or acknowledged for your request to be considered.\*\*\*

Applicant Name (as appears in Assessing)	Name of Con	Name of Contact Person (if different from Applicant)	
Mailing Address		Telephone	
E-mail Address	<del></del>		
Have you ever been a Lisbon Water Departm		es No	
If yes, Location of current and/or prior	service		
Location of New Service Request	Reque	sted Date for Connection	
New Connection Existing Conr	nection		
The following information is <b>REQUIRED</b> to determine	the proper size pipe, backflo	ow device and meter for service	
Residential Non-Residential	Requested size of se	ervice	
Single Family Multi-Unit- # of Units	s Sprinkler	-size Hydrant-size	
Use/Purpose for Connection			
Peak Domestic Demand (gpm)(You can consult with your plumber, contractor, engineer, or archite	Peak Fire Flow Dem	and	
Will there be irrigation on this service line Ye	s No		
Upon signing and submitting this application Conditions" and our "Customer Rights & Res			
Signature	Date Signed	Date Submitted	

It is our constant goal to provide great customer service while maintaining a safe and dependable supply of drinking water!