

**WATER AND SEWER CONNECTION APPLICATION**

DATE \_\_\_\_\_

FEE: \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE TOWN OF DICKINSON.**

SIGNATURE: \_\_\_\_\_

METER LOCATION (ADDRESS) \_\_\_\_\_

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

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

WATER DISTRICT: \_\_\_\_\_ SEWER DISTRICT: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

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**FOR OFFICAL USE ONLY**

\_\_\_\_\_**APPROVED**

\_\_\_\_\_**DISAPPROVED**

REASON: \_\_\_\_\_

SUPERINTENDENT OF WATER & SEWER: \_\_\_\_\_