



TOWN OF DICKINSON
WATER AND SEWER CONNECTION APPLICATION

DATE _____

FEE: \$600.00

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: _____

METER SERIAL NUMBER _____

Service Includes pressure reducing valve, remote transmitter, water meter.

FOR OFFICE USE ONLY

APPROVED

DISAPPROVED

REASON: _____

SUPERINTENDENT OF WATER & SEWER: _____