

137 High Street  
PO Box 347  
Farmington, ME 04938



Phone (207) 778-4777  
Fax (207) 778-5165  
email: farmingtonwd@gwi.net

Complete all information. Incomplete or unreadable applications will result in denial of service. Applications must be completed within ten (10) business days from the requested service date or a disconnection notice will be issued.

Name(s) of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip

Physical Address: \_\_\_\_\_

Daytime phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Owner of property  Tenant **Provide landlord information below if tenant application.**

Please note that application and account information may be provided to the landlord by law.

Landlord: \_\_\_\_\_  
Name Address Phone

Date Service Requested _____		<input type="checkbox"/> Mail bills	<input type="checkbox"/> E-Mail bills
<input type="checkbox"/> Residential	<input type="checkbox"/> Non-residential		
<input type="checkbox"/> single family	<input type="checkbox"/> Mix of residential and non-residential		
<input type="checkbox"/> multi-unit # of units _____	_____ % of building used for non-residential purposes		
	[information required by Maine Revenue Services (207) 624-9693]		
<input type="checkbox"/> Sprinkler connection	If business is sales tax exempt, attach copy of exemption certificate.		

We are an equal opportunity employer and service provider. The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Sex:  Male  Female

I hereby contract for water service (domestic and/or fire protection) at the above stated address and agree to abide by the Terms & Conditions of FWD and related requirements until I give proper notice to terminate service. A copy of Terms & Conditions can be obtained at FWD or online at farmingtonwater.org.

Signature (s) \_\_\_\_\_

Printed Name (s) \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Water is on  Turn on Required

Type of Service Required: Size of Service: \_\_\_\_\_

Residential  Commercial  
 Industrial  Governmental

Sprinkler:  Yes  No  
Size of Sprinkler System \_\_\_\_\_  
Number of Fire Hydrants \_\_\_\_\_

Account number:

Service Location: