

**RUMFORD WATER DISTRICT
25 SPRUCE STREET
RUMFORD, ME 04276**

**BUSINESS OFFICE
364-8531**

**Fax
364-3609**

**SUPT. OFFICE
364-2891**

APPLICATION FOR WATER SERVICE

Account #

Customer's Name:

Service Address:

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work: _____

I would like to receive my bills via: ☐ Email ☐ Paper ☐ Both

Email: _____

(Check one)

I am applying for Seasonal____ Year Round____ Service exclusively for the service address above. The use of this service is: (check one)

Residential____ Commercial____ Industrial____ Fire Protection____.

I agree to comply with all applicable rules and Regulations of the Maine Public Utilities Commission and the Rumford Water District, copies of which are on file at the utility's office.

I (check one) Have____ Have not____ had service in my name from this water utility before.

A member of my household (check one) Does have____ Does not____ have a medical condition, life support equipment, or other circumstances which require emergency restoration if water service is interrupted.

DATE

SIGNATURE OF APPLICANT