



Brewer Water Department
223 Green Point Road
Brewer ME 04412

tel (207) 989-4214
fax (207) 989-2883
email water-dept@brewermaine.gov

Account number:

Service Location :

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

Employer/source of income _____

Daytime phone(s) _____ Email _____

Previous service with BWD: No Yes If yes, give address: _____

Do you have unpaid bills at this utility or for any other kind of utility service Yes No

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

If tenant(s) fails to pay water bills, liens are filed against the property. Please note that application and account information may be provided to the landlord by law.

Landlord Printed Name & Signature: _____

Landlord address: _____
Address City State Zip

Water on <input type="checkbox"/>	Turn-on required <input type="checkbox"/>	Sewer Only <input type="checkbox"/>	Date Service Requested _____
<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 _____			
<input type="checkbox"/> home occupation on site			
_____ % of building used for non-residential purposes			
[information required by Maine Revenue Services (207) 624-9693]			
If business is sales tax exempt, attach copy of exemption certificate.	Residential building has fire sprinkler connection on domestic line. # of sprinkler heads: _____		

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

SIGNATURE AND ACKNOWLEDGEMENT ON REVERSE SIDE

I hereby contract for water service (domestic and/or fire protection) at the above state address, and agree to abide by the Terms & Conditions of BWD and related requirements until I give proper notice to terminate service. I understand that: my account information may be used for debt collection by Brewer Water; the information I provide is subject to verification; and provision of incomplete or false information is grounds for termination of service and possible law enforcement. A copy of Terms & Conditions can be obtained at BWD or online at www.brewermaine.gov/water

Signature (s): _____

Printed Name(s): _____

Date: _____

Signature required for each person on account and landlord if applicable

Sewer Meter Adjustment Policy for Outdoor Water Use: As of January 1, 2015 City of Brewer customers shall only be granted credit for sewer charges related to watering lawns/gardens, filling swimming pools, or other outside water uses by first installing, at the customer's expense, a secondary sewer adjustment meter. The sewer adjustment meter shall measure the volume of water used for outside water uses. Only adjustment meters that read in cubic feet will be approved. Sewer adjustment meter program rules, requirements, and FAQs are available on the City's website at www.brewermaine.gov and at the Brewer Water Department.

OFFICE USE ONLY:

Type of Service Required:	Size of Service: _____
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Industrial <input type="checkbox"/> Governmental	Size of Sprinkler System _____
	Number of Fire Hydrants _____

Establishment Fee Paid: _____	Date: _____
<input type="checkbox"/> by cash	<input type="checkbox"/> check # _____