



## APPLICATION FOR SERVICE CONNECTION

- PROPERTY OWNER: \_\_\_\_\_
- HOME ADDRESS: \_\_\_\_\_
- LOCATION OF PROPOSED CONNECTION: \_\_\_\_\_
- TYPE OF SERVICE CONNECTION: *(Check one)*

3/4" Meter.....\_\_\_\_\_

1" Meter.....\_\_\_\_\_

2" Meter.....\_\_\_\_\_

- No action shall be taken on this application until you submit to the Town a copy of your approved sewage disposal permit from the Accomack County Health Department.

*NOTE: You will be notified by letter after this application has been reviewed by the Water Committee and a decision is rendered either to approve or disapprove this proposed connection.*

- DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_
- SIGNATURE: \_\_\_\_\_