Town Use Only
PROPERTY LOCATION _____ WATER DIST. NO. _____

Orleans County Ag District No. _____ Parcel ID No. _____

Reviewed by: _____ Water Meter No. _____ Date Installed _____

TOWN OF CLARENDON
Application for Connection to Water Distribution System

Please Print

_____
Property Owner(s)

_____
Mailing Address

_____
Telephone No. **Cell No.**

_____
Contractor Name ***If installing system yourself, put 'Self'***

_____
Contractor Address & Telephone No.

Connection: Type of : Residential ☐ **Commercial** ☐
Size: _____ *{Standard Size is 1")*

Tubing: Type of: Type K Soft Copper ☐ **High Density Polyethylene** ☐

Requested Date of: Inspection _____ **Connection** _____

If unsure of these dates, indicate 'will call' and contact the Clarendon Highway Superintendent Tracy Chalker at (cell) 734-1302 or (garage) 638-8547.

Please attach a map or drawing of your property (as close to scale as possible), showing the location/ direction of the water service from the road to your house. (You may use the back of this form.)

NOTE: Acceptance of this application does not obligate the Town of Clarendon to furnish water service. The applicant's attention is called to the Town of Clarendon Water District Service Material & Construction Specifications. No water service will be turned on until installation has been inspected and approved ***prior to back-filling***, by the Town of Clarendon Water District Superintendent of his Agent.

_____ _____
Applicant Signature Date

The Town of Clarendon is an Equal Opportunity Provider and Employer. *(See back of form)*

FOR TOWN USE ONLY

Service Installation Fee if tap is needed roadside: $2290

DUE ☐

PAID _____

N/A ☐

Tracy Chalker
Donna Moore
Town Clerk File

"Pursuant to the Federal Funding received for different water projects, the Town is required to report the gender of Head of Household and the Race/National Origin of household members for each application received for connection to the water distribution system. 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 this program. You are not required to furnish this information, but are encouraged to do so. This 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 the individual applicants on the basis of visual observation or surname."

HEAD OF HOUSEHOLD
Gender:

Male ☐ Female ☐

MARK ONE OR MORE
Race:

White ☐ Black or African American ☐ Asian ☐

Amer- ican Indian/Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐

Ethnicity:

Hispanic or Latino ☐ Not Hispanic or Latino ☐

~ Drawing of your property as close to scale as possible ~
Showing the location/direction of the water service from the road to your house.