Application for Sewer Service
Stratford

The undersigned makes this application for sewer service from the Town of Stratford and hereby agrees to observe all the regulations prescribed by the Town and to pay the rates established. No addition or alteration in any service installations shall be made without first notifying the Town.

Signature of Owner or Authorized Agent _____

Name_____ Date_____

Mailing Address_____

_____

Location of Property_____

_____

Residential Phone _____Local Phone_____

Contractor's Name & Address_____

_____

Type of Service: Year Round _____Seasonal_____

Residential_____Commercial_____Restaurant_____

Industrial _____Other _____Number of Units/Apts._____

Description of project:_____

_____

Proposed Date of Connection _____

Fee_____Application fee received?_____

_____
Brian Hays, Chief Operator

_____
Harry Juergens, Chairman

_____
Ron A. Scott, Jr, Selectman

_____
Charles Goulet, Selectman