

Application for Water 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, Selectboard Chair

Ron A. Scott, Jr, Selectman

Charles Goulet, Selectman