

TOWN OF SHELDON
APPLICATION FOR RESIDENTIAL OR COMMERCIAL WATER CONNECTION

Name: _____ Phone (home) _____ (cell) _____

Physical address: _____ Town _____ Zip _____

Mailing address if different from _____

Email Address: _____

THE USE OF THE PROPERTY IS AS FOLLOWS:

Commercial _____ One Family Residence _____

More Than One Family Residence _____ Other _____

(indicate # of apt/units)

Landowners Signature

Date

- This application is a requirement to verify and update the Sheldon Water Project user information. This information is for town use only.

(For office use only)

Date Received: _____ Account No: _____

Number of water hookups _____ Number of sewer hookups _____

Signature of Credit Supervisor: _____ Date: _____

Records updated: _____

Additional Information _____