

**Jackman Utility District**  
**28 Walton Street**  
**PO Box 340**  
**Jackman, Maine 04945**  
**Phone: (207)-668-7686    Email: judwas@myfairpoint.net**

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**APPLICATION FOR SERVICE:**

Applicant Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Service Location: \_\_\_\_\_

- I will pay a charge of \$20.00 to establish water service in my name where it is not necessary for the Utility to visit the premises.
- I will pay a charge of \$40.00 to establish water service where it is necessary for the Utility to visit the premises to connect service.
- I will pay a charge of \$10.00 to establish sewer service in my name.
- I will pay a charge of \$20.00 to establish sewer service in my name if there is no water service at the premises.

Meter Reading \_\_\_\_\_ Date \_\_\_\_\_ This service is noted as Account # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Do you prefer bills sent by e-mail? \_\_\_\_\_

Emergency Contact Name and Tel No: \_\_\_\_\_

The use of this service is:  Residential  Commercial  Residential/Commercial  Industrial  Fire Protection  
Please state Business name, if applicable \_\_\_\_\_

Customer Status: Owner \_\_\_\_\_ Tenant \_\_\_\_\_

If Tenant, provide Owner(s) Name, Address & Telephone #: \_\_\_\_\_

Has Applicant previously had service with the **Jackman Utility District**: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide Account Name and/or Address: \_\_\_\_\_

Does Applicant owe unpaid bills to this utility: Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone at the service location have a medical condition that requires life support equipment or that may require emergency restoration if water service is interrupted? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE READ PRIOR TO SIGNING BELOW:** The undersigned hereby agree(s) to comply with all applicable Rules and Regulations of the Maine Public Utilities Commission, and with the **Jackman Utility District** Terms and Conditions now in force or which may hereafter be approved. The undersigned further agree(s) to be responsible for all payments for the Applicant's service provided by the **Jackman Utility District** until such time as Applicant properly notifies the **Jackman Utility District** that service in their name is to be terminated.

\_\_\_\_\_  
Applicant Signature  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature