

**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? \_\_\_\_\_

\_\_\_\_\_  
Chester Smart, Chief Operator

\_\_\_\_\_  
Larry W. Ladd, Chairman

\_\_\_\_\_  
James M. Davis, Selectman

\_\_\_\_\_  
Clayton Macdonald, Selectman