ROPERTY LOCATION	WATER DIST. NO
rleans County Ag District No	Parcel ID No
eviewed by:	Water Meter No
Application	TOWN OF CLARENDON for Connection to Water Distribution System
Please Print	
Property Owner(s)	
Mailing Address	
Telephone No.	Cell No.
Contractor Address & Telephone No Connection: Type of: Residential Size: {Standard Size is 1")	
Tubing: Type of: Type K Soft Copp	per High Density Polyethylene
Requested Date of: Inspection (If unsure of these dates, indicate	Connectione 'will call' and contact Superintendent at 638-8547 or 734-1302)
	f your property (as close to scale as possible), showing the location/ om the road to your house. (You may use the back of this form.)
applicant's attention is called to the To-	does not obligate the Town of Clarendon to furnish water service. The wn of Clarendon Water District Service Material & Construction Specined on until installation has been inspected and approved <i>prior to back</i> er District Superintendent of his Agent.
Applicant Signature	Date
The Town of Clarendon is an	Equal Opportunity Provider and Employer. (See back of form)
FOR TOWN USE ONLY	Service Installation Fee if tap is needed roadside: \$2290
	DUE 🔲

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	DUE				
Superintendent	PAID				
Town Clerk File	N/A				

"Pursuant to the Federal Funding received for different water projects, the Town is required to report the gender of Head of Household and the Race/National Origin of household members for each application received for connection to the water distribution system. The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the Race/National Origin of the individual applicants on the basis of visual observation or surname."

HEAD (OF HOUSEHOLD					
Gender:	Male	Female				
MARK (ONE OR MORE					
Race:	White	Black or African A	merican	Asian		
	American Indian/A	laska Native	Native Hawaiian	or other	Pacific Islander	1
Ethnicity	y: Hispanic or Latino		Not Hispanic or Latir	10		
		Drawing of your propolocation/direction of the	•	-		