

Town Use Only

PROPERTY LOCATION \_\_\_\_\_ WATER DIST. NO. \_\_\_\_\_

Orleans County Ag District No. \_\_\_\_\_ Parcel ID No. \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Water Meter No. \_\_\_\_\_ Date Installed \_\_\_\_\_

**TOWN OF CLARENDON**  
**Application for Connection to Water Distribution System**

*Please Print*

Property Owner(s) \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Contractor Name *If installing system yourself, put 'Self'* \_\_\_\_\_

Contractor Address & Telephone No. \_\_\_\_\_

Connection: Type of : Residential   
Size: \_\_\_\_\_ {Standard Size is 1"} \_\_\_\_\_

Commercial

Tubing: Type of: Type K Soft Copper

High Density Polyethylene

Requested Date of: Inspection \_\_\_\_\_ Connection \_\_\_\_\_

*If unsure of these dates, indicate 'will call' and contact the Clarendon Highway Superintendent Tracy Chalker at (cell) 734-1302 or (garage) 638-8547.*

**Please attach a map or drawing of your property (as close to scale as possible), showing the location/direction of the water service from the road to your house. (You may use the back of this form.)**

NOTE: Acceptance of this application does not obligate the Town of Clarendon to furnish water service. The applicant's attention is called to the Town of Clarendon Water District Service Material & Construction Specifications. No water service will be turned on until installation has been inspected and approved *prior to back-filling*, by the Town of Clarendon Water 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

PAID \_\_\_\_\_

N/A

Tracy Chalker  
Donna Moore  
Town Clerk File

“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 American  Asian   
Amer- ican Indian/Alaska Native Native  Hawaiian or other Pacific Islander

Ethnicity:

Hispanic or Latino  Not Hispanic or Latino

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~ Drawing of your property as close to scale as possible ~  
Showing the location/direction of the water service from the road to your house.

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