

PLEASE **SIGN AND SUBMIT FORM AND \$30.00 SERVICE TURN-ON FEE** AS SOON AS POSSIBLE. WE MUST HAVE THIS APPLICATION ON FILE.
THANK YOU.

DATE: _____



P.O. BOX 447, 450 CHILD STREET, WARREN, RI 02885

APPLICATION FOR WATER SERVICE

OWNER _____ TENANT _____ LANDLORD'S NAME _____
(FOR EMERGENCIES ONLY)

NAME	S.S. NO.	
SERVICE ADDRESS		
ACCOUNT NO.	SERVICE NO.	
TURN-ON/READ FEE	MISC. INVOICE NO.	
ORDER RECEIVED BY	EFFECTIVE DATE	
DEPOSIT REC'D	DATE	RECEIPT NO.

The undersigned hereby makes application to the **Bristol County Water Authority** for a supply of water by meter measurement for the above premises which will be occupied as:

Residential _____ Commercial _____ Size of Meter Service _____ Meter Type _____

The undersigned agrees that the above record may be corrected by the **Water Authority** at any time that an inspector finds the same to be incorrect, and in case of change of manner of occupancy at above premises the undersigned agrees to notify the **Water Authority** so that such change may be recorded and the rate changed if necessary.

The undersigned further agrees to claim no damages on account of stoppage of flow of water resulting from accidents or necessary alterations, repairs or improvements.

The undersigned further agrees that the water supplied through the service line supplying the above premises shall be used only on such premises and for the purposes as stated above and that no water shall be sold by the undersigned nor allowed to be taken through said service for use on any other premises.

The undersigned, in applying for water service, agrees to abide by the established Rules and Regulations of the **Water Authority** currently in force, or which hereafter may be enacted or adopted for the government and regulation of said **Water Authority** and to pay for service at the adopted rates as approved by the **Water Authority**.

Sign Here: _____ Telephone No.: _____

Mail Bill To: _____

65 Years or Older: _____ Tax Exempt No. (If Applicable) _____

