

Water Supply District of Acton

693 MASSACHUSETTS AVENUE
P.O. BOX 953
ACTON, MASSACHUSETTS 01720-0953

TELEPHONE (978) 263-9107

FAX (978) 264-0148

Date: _____

Account#: _____

I would like to apply for water service at the following address: _____

For the following purpose only: _____ Will this service be 200 feet from the main? _____

I agree to pay the following amount in accordance with the "Rules, Regulations and Rates" set forth by the Water Supply District of Acton, or that may hereafter be made.

<u>Pipe Size</u>	<u>Demand Charge</u>	<u>Fire Sprinkler Demand Charges</u>	
1 inch	\$5,040.00 _____	Buildings up to 20,000 square feet	\$1,000.00 _____
1 ½ inch	\$15,624.00 _____	Buildings between 20,001 & 40,000 sq ft	\$2,000.00 _____
2 inch	\$31,248.00 _____	Buildings between 40,001 & 60,000 sq ft	\$3,000.00 _____
3 inch	\$85,680.00 _____	Buildings between 60,001 & 80,000 sq ft	\$4,000.00 _____
4 inch	\$191,520.00 _____	Buildings over 80,001 sq ft:	
6 inch	\$569,520.00 _____	1000 per each 20,000 sq ft	\$5,000.00 _____

Multi dwelling - # of Units _____ x \$2400.00 per unit = \$ _____

Hydrant Flow Test - \$700.00 (two checks for \$350.00 each is required). The results of the flow test should be forwarded to our office within 90 days, \$350.000 will be returned at that time.

Location of Flow Test: _____

Please fill in information below for new service or for flow test:

Owner or Contractor: _____

Address: _____

Contact Person: _____ Telephone #: _____

Billing Address: _____

Has road opening permit been obtained? _____ Plans submitted with house number? _____

Fire protection sprinkler required? _____ Will this property have an irrigation system? _____

Signature of applicant: _____