

# City of New Meadows Water Connection Relinquishment

## APPLICANT INFORMATION

APPLICANT NAME	
MAILING ADDRESS	
PHONE NUMBER	

## CONNECTION INFORMATION

ADDRESS OF CONNECTION	
WILL-SERVE PAID / ACCOUNT #	<input type="checkbox"/> WILL SERVE <input type="checkbox"/> ACCT # _____
CONNECTION REMOVAL	<input type="checkbox"/> PRIVATE <input type="checkbox"/> BY CITY
REMOVAL DATE:	PERMIT EXPIRES:
FEE	<input type="checkbox"/> \$100 PRIVATE * <input type="checkbox"/> \$1200 BY CITY

\* for inspection by City

## CONTRACTOR INFORMATION, IF REMOVING PRIVATELY

NAME	
PHONE	
LICENSE NUMBER	
INSURANCE	<input type="checkbox"/> COPY OF INSURANCE CERTIFICATE IS PROVIDED

I UNDERSTAND THAT BY MAKING THIS REQUEST, I RELINQUISH MY RIGHTS TO A WATER CONNECTION ON SAID LOT. IF PROPERTY OWNER OR FUTURE OWNER REQUESTS THE REINSTALLATION OF A HOOKUP, CAPITALIZATION AND HOOKUP FEES SHALL BE PAID AT THE TIME OF THE REQUEST.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Public Works Signature—Inspected & Approved

\_\_\_\_\_  
Date