



TOWN OF TISBURY

DEPARTMENT OF PUBLIC WORKS
BOX 788, 115 HIGH POINT ROAD
VINEYARD HAVEN, MASSACHUSETTS 02568
TELEPHONE (508) 696-4220
FAX (508) 696-4221

SERVICE CONNECTION/FLOW INCREASE APPLICATION FOR RESIDENTIAL APPLICATION

Owner's Name: _____ Phone: _____

Property Address: _____ Map: _____ Parcel: _____

Mailing Address: _____

Caretaker Name: _____ Phone: _____

Condo: _____ Apartments: _____ How many: _____ Total Bedroom Count: _____

Home Business Established and Licensed? Yes ___ No ___ If Yes, type of business _____

Installer: _____ Phone: _____

Electrician (If Applicable): _____ Phone: _____

The undersigned agrees to the following:

- A. A processing fee of \$200 for the application.
- B. A plan of the connection must be submitted to the Wastewater Department upon completion of the connection.
- C. A complete list and description of the wastewater or industrial waste discharged into the system along with this application.
- D. To accept and abide by all the Rules and Regulations of the Town Wastewater Department and all pertinent ordinances and other regulations that may be adopted in the future.
- E. To cooperate always with the system Facilities Manager or representative in their inspecting, sampling, and study of the industrial or commercial wastes and any other facilities provided for pre-treatment
- F. To notify the Wastewater Dept. immediately in the event of any accident or other occurrences that may interfere with the normal discharge into the system.

Applicant Signature: _____ Date: _____

***** Office Use Only*****

Application approved by: _____ Date: _____

Fee Paid by: _____ Check #: _____ Permit #: _____

Commission Meeting Date: _____ Gallons Approved: _____ Water Account#: _____