

# LAKES REGION WATER COMPANY INC.

420 Governor Wentworth Highway, PO Box 389  
 Moultonborough, NH 03254  
 Telephone: 603-476-2348, Fax: 603-476-2721

## APPLICATION FOR SERVICE (New Service)

Today's Date: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**Service Address:**

**Tax Map#** \_\_\_\_\_

**Lot#** \_\_\_\_\_

House# Street Address:		Apt#
City/Town:	State:	Zip:

**Property Owner:**

Last Name:	First Name:	Mid In:
Last Name:	First Name:	Mid In:
Billing Address (if different):		
Home #:	Work#:	Cell#
Email:		

**General Contractor (if applicable) Is GC Point of Contact? Yes ( ) No ( )**

Contact information:
Signature X

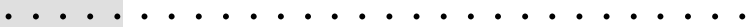
The undersigned hereby applies for water service to be supplied at the address herein described and agrees to pay bills upon presentation in accordance with Lakes Region Water Company's rates, terms and conditions set forth in the Utility's Tariff. The undersigned understands a "Deposit" may be requested in accordance with PUC 1203.03. A complete copy of the Tariff can be viewed online at: <http://www.puc.state.nh.us/Regulatory/Tariffs/LakesRegionWaterCo.pdf>

**New Customer Fee:** A \$25.00 New Customer fee shall be charged to the account.

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

\_\_\_\_\_  
 Date

**Email:** [Lrwater@Lakesregionwater.com](mailto:Lrwater@Lakesregionwater.com)  
**Website:** [www.Lakesregionwater.com](http://www.Lakesregionwater.com)



**Office Use Only**

**New Account #**

Service Connection Inspected by:	Date:
Meter Type:	Date given:
Meter Head #:	Meter Body #:
Date Installed:	Installed by:
Where Installed:	Beginning Read: (If any)
Building Permit:	Septic Approval:
<b>Additional Notes:</b>	