

# APPLICATION FOR SEWER SERVICE

**TOWN OF HATFIELD  
DEPARTMENT OF PUBLIC WORKS  
59 MAIN STREET**

## INSTRUCTIONS

1. Contact the DPW (Sewer Department or DPW Director) to verify fee and service size. DPW fills out BOX 2.
2. Present this application and payment to the Town Treasurer.
3. Notify Sewer Department one week prior to start of work to Town Hall schedule an inspection.

Sewer Department 247-9844  
DPW Director 247-0499

## BOX 1 - APPLICANT

### SERVICE INFORMATION:

ADDRESS: \_\_\_\_\_  
# / Street City / Town Zip Code

ASSESSORS MAP #: \_\_\_\_\_ LOT #: \_\_\_\_\_ TOWN WATER SERVICE?: YES \_\_\_\_\_ NO \_\_\_\_\_

SIZE OF SERVICE REQUESTED \_\_\_\_\_ \*\*Verify with Sewer Department

SERVICE TYPE: \_\_\_\_\_ Residential, Single Family (RE)  
\_\_\_\_\_ Residential, Multifamily (Number of Units: \_\_\_\_\_ ) (RE)  
\_\_\_\_\_ Commercial (Type of Business: \_\_\_\_\_ ) (CO)  
\_\_\_\_\_ Agricultural (AG)  
\_\_\_\_\_ Industrial (ID)  
\_\_\_\_\_ Other (Please Describe: \_\_\_\_\_ )

### BILLING INFORMATION:

OWNER'S NAME: \_\_\_\_\_  
Last First MI Phone #

MAILING ADDRESS: \_\_\_\_\_  
# / Street City/Town State Zip Code

### CONTRACTOR INFORMATION:

CONTRACTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
# / Street City/Town State Zip Code

I hereby apply to the Hatfield Department of Public Works (DPW) for sewer service at the above premises. I understand that I must comply with all Rules and Regulations as set forth by the Department of Public Works. If I fail to comply with these Rules and Regulations at any time, my service may be terminated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**BOX 2 - SEWER DEPARTMENT**

SIZE: \_\_\_\_\_ FEE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SEWER DEPARTMENT SIGNATURE: \_\_\_\_\_

**BOX 3 - TREASURER**

FEE RECEIVED/PAID: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

TREASURER'S SIGNATURE: \_\_\_\_\_

Copies to:     Town Accountant  
                  Sewer Department

**BOX 4 - SEWER DEPARTMENT**

SERVICE INSTALLATION DATE: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

SERVICE SIZE: \_\_\_\_\_ SERVICE MATERIAL: \_\_\_\_\_

WATER METER:     HATFIELD \_\_\_\_\_     NORTHAMPTON \_\_\_\_\_     WHATELY \_\_\_\_\_

WATER METER SERIAL #: \_\_\_\_\_ READING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Copy to: DPW Director

**BOX 5 - BILLING**

ENTERED IN BILLING PROGRAM: \_\_\_\_\_