

City of LEWISTON Maine

Public Utility Services – Water, Sewer & Stormwater Divisions

27 Pine Street – LEWISTON, ME 04240

Tel: 207-513-3140 | Fax: 207-784-2959 | Email: utilitysupport@lewistonmaine.gov

APPLICATION FOR WATER, SEWER & STORMWATER SERVICES

Service Address: _____

Customer Name: _____

Billing Contact Person & Title: _____

Billing Address: _____

City, State, Zip: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Email Address: _____ Fax #: (_____) _____

1) Have you ever had services in your name with the City of Lewiston before? YES _____ NO _____

2) Do you owe any outstanding bills for this utility? YES _____ NO _____

3) Have you filed bankruptcy within the past 4 years? YES _____ NO _____

4) This service is Residential _____ Commercial _____ Industrial _____ Governmental _____

If Residential, this property is: Single-Family _____ Multi-Unit _____ (# of Units _____)

If Commercial: Are you Tax Exempt? NO _____ YES _____ (Please provide a copy of your Tax Exempt certificate)

5) I Own _____ Manage _____ Rent/Lease _____ this property. Date Purchased (owner) : _____

Date Occupied (tenant) : _____

Copy of legal document MUST be submitted as Proof of Ownership.

6) If Other Than Customer Name: Owner Name: _____

Owner Address: _____

Owner Phone #: _____

NOTE: NAME CHANGE ONLY: Final Reading does not need to be obtained due to name change only _____

I am applying for service exclusively for the Service Address above. I agree to comply with all applicable Policies, Terms and Conditions of the Maine Public Utilities Commission and the Lewiston Water/Sewer Division. For questions regarding regulations on water & sewer, see the state of Maine Public Utilities Commission home page by visiting: <http://www.state.me.us/mpuc/homepage.htm> or call the utility office at 513-3140.

Date

Signature of Applicant

This application does not obligate the Water/Sewer Divisions to grant your request. You will be notified in the event your application is rejected.

For Office Use Only

Reviewed By: _____ Date: _____

Acct # _____ Route # _____ Read Sequence _____ Date Opened: _____

Parcel ID : _____ GIS ID : _____ LUC : _____ IMP. AREA : _____