

Town Of Willsboro- Sewer District Application for Sewer Connection

Name: _____ Phone Number: _____

Address: _____

Location of property for sewer connection: _____

Tax Map No. _____

Purpose for sewer: _____

Size of connection needed: _____

I, _____, hereby agree to the following rules and regulations:

1. To abide with the policy of the Sewer District
2. To agree to the inspection of the lines to be furnished by the Sewer Plant Operator
3. And that the sewer will not be in use until the approval

Applicant

Fee paid by cash: _____ or check: _____ check #: _____

Date accepted: _____ Date inspected: _____

Sewer Plant Operator

Administrative Officer

Code Enforcement Officer

****Amount of \$1,500 dollars will need to be paid prior to the connection****