

**Town of Clinton
Department of Public Works
242 Church Street
Clinton, MA 01510**

Phone: 978-365-4110

Fax: 978-365-4106

Application For Water Service Connection

Date: _____

Address: _____ Dig Safe #: _____

Date work to commence: _____

Purpose: _____

Work to Be Completed	Fee	Fee Assessed
New 1" Service	\$ 1,000.00	\$ _____
New 1 1/2" Service	\$ 1,500.00	\$ _____
New 2" Service	\$ 2,000.00	\$ _____
New 4" Service	\$ 3,000.00	\$ _____
New 6" Service	\$ 5,000.00	\$ _____
Multi Family Flat Fee	\$ 1,500.00	\$ _____
Multi Family Unit Fees _____ units @ \$ 300/Unit		\$ _____
5/8" Meter Supplied by Town	\$ 500.00	\$ _____
	Total Fee:	\$ _____

**Applicant certifies that all work will be completed in accordance with the
Clinton Water Department Water Regulations**

Applicant: _____ Telephone: _____

Applicant Address: _____

Signature of Applicant

Printed Name of Applicant