DEPARTMENT OF PUBLIC WORKS

☐ CEMETERY ☐ HIGHWAY ☐ WATER ☐ WASTEWATER

44 CENTENNIAL GROVE ROAD ESSEX MA 01929 * PHONE (978)-768-6431 or (978)-768-6262

*EMAIL – ewd@essexma.org * FAX (978)-768-2500

APPLICATION FOR A SECONDARY WATER METER

DATE: _____

I hereby apply for a secondary or well water meter at:

PROPERTY LOCATION: _____

MAP#: _____ LOT#: _____

PROPERTY OWNER (please print): _____

AGREEMENT: I do hereby agree to pay for this water meter and install it in accordance with the enclosed rules and regulations, which are in force by the Department of Public Works.

SIGNATURE OF PROPERTY OWNER: _____

NAME OF LICENSED PLUMBER: _____

PHONE NUMBER OF LICENSED PLUMBER: _____

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