

TOWN OF WAYLAND / DEPT OF PUBLIC WORKS
WATER DEPARTMENT
WATER SERVICE APPLICATION
EMAIL TO: DPW-WATER@WAYLAND.MA.US

DATE: _____

ACCOUNT#: _____

I hereby make application for **NEW OR RENEW WATER SERVICE CONNECTION** at _____

I agree to abide by the Rules and Regulations of the Wayland Water Department.

Name of Owner as per Deed _____ Telephone#: _____

Present address: _____ Town, State, Zip _____

No connections will be made to water service lines located within 20 feet of any septic system drain lines, or lines entering septic systems. No connections will be made to water service lines located within 4 feet of electric or telephone lines, or to water service lines which pass under electric or telephones lines.

Amount Paid \$ _____

Amount Paid\$ _____

Domestic _____

Commercial _____

Size of SERVICE Connection ____\$3500 per inch

Size of SERVICE Connection ____\$3500 per inch

Amount Paid \$ _____

Amount Paid\$ _____

Fire Service _____

Irrigation _____ # _____

Size of SERVICE Connection ____\$3500 per inch

Size of SERVICE Connection ____\$3500 per inch

****No action will be taken on this application until a sum of \$ _____ has been paid.**

Owner's Signature _____

Contractor _____ Tel# _____

Address _____ Email _____

I have read and agree to abide by the most recent Rules and Regulations of the Wayland Water Dept.

Contractor's Signature _____ Date: _____

Superintendent's Signature _____ Date: _____

Approved 3/21/2023