



APPLICATION FOR SANITARY SEWER SERVICE

Colchester Sewer and Water Commission
127 Norwich Avenue
Colchester, Connecticut 06415
860-537-7288 860-537-7273 (fax)

Date: _____

To the Colchester Sewer and Water Commission:

The undersigned hereby applies for connection of a sanitary sewer connection through a ____ in. service pipe within the premises on the (N, S, E,W) _____ side of _____ Street No. _____, owned by _____.

When sanitary sewer service is furnished in accordance with this application, the undersigned agrees to pay the rates established by the Colchester Sewer and Water Commission and to observe and be bound by its rules and regulations.

Signed: _____
(Owner)

Permit to be issued to _____, the holder of Drain Layer's License No. _____, expiration date _____. The undersigned Drain Layer hereby agrees to all the terms and conditions set forth by the Colchester Sewer and Water Commission.

Signed: _____
(Drain Layer)

Application Fee (\$50.00) _____ (Cash) _____ (Check No.) Date Paid _____

Permit No. _____

AS BUILT PLAN REQUIRED