**GREAT BARRINGTON FIRE DISTRICT**

APPLICATION FOR WATER SERVICE

# Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(PLEASE PRINT OR TYPE)*  *(Property owner)*

# Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Street and number)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Town) (State) (Zip)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Phone Number) (E-mail Address)*

# Location of proposed service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *(Street number) (Street)*

I/we hereby acknowledge that I/we have read and agree to conform to the By-Laws and Rule & Regulation of the Great Barrington Fire District.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

WATER TAP SIZE AND FEES:

3/4” – 1” Tap = $955. Fee: 1 ½” Tap = $1,270. Fee: 2” Tap = $1,905. Fee: 4”, 6”, 8” Tap = $3,810. Fee

*The following information is requested by the Federal Government in order to monitor compliance with civil rights and equal opportunity requirements. You are not required to provide the information but are encouraged to do so voluntarily. This information is used to determine if we are providing equal access to all of our programs. The information will not be kept in your file, but instead will be aggregated anonymously into a report on the demographic reach of our programs. Please provide numbers for all beneficiaries of the water service. Households should provide information on all residents, not just the head of household. For owners of multi-family units, please provide your best guess on the numbers.*

## **Ethnicity:** Hispanic or Latino: \_\_\_\_\_, Not Hispanic or Latino: \_\_\_\_\_

##  **Race:** American Indian/ Alaskan Native: \_\_\_\_\_, Asian: \_\_\_\_\_, Black or African American: \_\_\_\_\_,

*Native Hawaiian or Other Pacific Islander: \_\_\_\_\_, White/Caucasian: \_\_\_\_\_, Two or More: \_\_\_\_\_, Other: \_\_\_\_\_*

**Sex:** Female: \_\_\_\_\_, Male: \_\_\_\_\_ I do not wish to provide this information: **\_\_\_\_\_**

**OFFICE USE ONLY**

#  Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meter Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  Date of Service Tapped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size of Tap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER”