

SOUTH ALBURGH FIRE DISTRICT NO. 2 (SAFD2)

c/o Alburgh Village Office
1 Firehouse Rd.
Alburgh, Vermont 05440

Ph: (802) 796-3763 Fax: (802) 796-3939
safd2customer@gmail.com

WATER SERVICE ALLOCATION REQUEST

(Complete and submit with a Water Service Connection Application)

Owner Name: _____ Phone: _____

Co-Owner Name: _____ Phone: _____

Property Location: _____ Parcel ID: _____

Water Use in Gallons Per Day Expected: _____

Expected date of connection to water main: _____

Explain if date is more than 90 days past date of connection request: _____

I understand that this form is a request for allocation of water and will be reviewed in conjunction with the information provided on my Water Service Request Application.

A \$1,000 per ERU deposit towards your connection fee must be submitted with your request, which will be returned if your allocation is denied. The balance of the connection fee must be paid prior to connecting to the system. Water will not be turned on until the fee is fully paid.

Failure to connect to the system within 90 days (one year if new construction) of application, unless extended by the SAFD2 Prudential Committee, will result in forfeiture of the water allocation and one-half of the deposit.

Signature: _____ Date: _____

For SAFD2 Use Only

ERUs Approved: _____ Water Gallons Per Day Approved*: _____ Denied: _____

*450 gallons per day per ERU

Connection Fee: _____ Deposit Required: _____ Date Deposit Paid: _____

This allocation will be null and void if connection does not take place by: _____

If denied, reason for denial: _____

Signature: _____ Date: _____

Chairperson, SAFD2 Prudential Committee or Designee