

SOUTH ALBURGH FIRE DISTRICT NO. 2 (SAFD2)

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

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safd2customer@gmail.com

WATER SERVICE CONNECTION APPLICATION

(Complete and submit with a Water Service Allocation Request)

Owner Name: _____ Phone: _____
Co-Owner Name: _____ Phone: _____
Mailing Address: _____ Email**: _____
Property Location: _____ Parcel ID: _____

Property Use: Single-Family Residential Multi-Unit* Commercial* Agricultural*

*Explain Details: _____

Number of Equivalent Residential Units (ERU - Defined as the water use of a single family residential dwelling): _____

Note: All multi-unit, commercial and agricultural connection requests, or any request for more than one ERU, must be explained. Final number of ERUs will be determined during processing of the allocation request.

I hereby agree to:

- Pay a one-time connection fee at the amount established in the SAFD2 Rate and Fee Schedule.
- Provide the service line, connections to the property and water main, meter pit if used, other connection components as needed and install the meter(s) in accordance with the Ordinance and State Regulation. SAFD2 will provide the meter(s).
- Connect to the SAFD2 system within 90 days of this application if converting from an existing water supply, or within one year for new construction. Failure to connect by that date will void this agreement unless a request to extend is approved by the District.
- Pay the water service charges established by the SAFD2 Prudential Committee.
- Abide by all SAFD2 water ordinances and policies, which are found online at www.safd2.org.
- Meet with the SAFD2 Water Superintendent prior to commencing work and at the time of connection to the SAFD2 water main.
- Notify the Water Superintendent at least 48 hours in advance of your scheduled connection. Water will not be turned on by the Superintendent until the connection fee is paid, inspections have occurred and the Customer Connection Checklist has been fully completed and received.

Signature: _____ Date: _____

Connection Fee Amount: _____ Date Paid: _____

SAFD2 Representative Signature: _____

Date: _____

Notice: This is a binding contract. Your signature on this agreement means you are liable for payment of all sums due under this agreement.

**Used only for SAFD2 notification and communication. Not shared with external entities.