

**South Alburgh Fire District #2
WATER SERVICE ALLOCATION REQUEST**

Owner Name: _____ Phone: _____
Co-Owner Name: _____ Phone: _____
Property Location: _____ Parcel ID: _____
Water Use in Gallons Per Day Expected: _____

I understand that this form is a request for allocation of water and will be reviewed by the South Alburgh Fire District No. 2 (SAFD2) before I proceed further with the connection process.

Upon receiving notification of approval from SAFD2 I may continue the process and advance to system design.

I further understand that if I do not carry out the steps as put forth in the Service Installation Checklist and connect to the main water line within 6 months from the date of approval (one year if new construction) that SAFD2 may rescind my approval and allocate the water to another party.

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