TOWN OF HOPKINTON
APPLICATION FOR A NEW WATERLINE SERVICE CONNECTION

LOCATION	
STREET ADDRESS:	
PLAT:	LOT:
APPLICANT	
Name on account:	
Billing address:	
Telephone number:	
Name and address of property owner, if different from applicant:	

I, the undersigned, hereby make application for water service at the above described location. I agree to pay the Town of Hopkinton the established annual rate for water usage and to use said water in accordance with the Richmond Water Supply Board's Rules and Regulations, the Town of Hopkinton's Waterline and Wastewater Management Ordinances, and all applicable laws, regulations, policies and procedures.

SIGNED: **DATE:**

INSPECTION REPORT	
Septic Tank Pumped/Date: ☐ yes ☐ no	Date:
New/Repaired ISDS Inspection/Date: ☐ yes ☐ no	Date:
ISDS LICENSED INSPECTOR'S SIGNATURE:	**DATE:**

ACCOUNT INFORMATION (For Town Use Only)		
FEE PAID: (To the Order of the Town of Hopkinton)	AMOUNT: $ 100.00	DATE:
ACCOUNT NUMBER:		
APPLICATION APPROVED: ☐	**APPLICATION DENIED:** ☐	
FINANCE DIRECTOR'S SIGNATURE:	**DATE:**	

Please mail or return this completed application to the Town Clerk's Office, Town Hall, 1 Town House Road, Hopkinton, Rhode Island, 02833.