

SERVICE

32238

NEW BEDFORD WATER WORKS
APPLICATION FOR SERVICE AND METER

NEW BEDFORD

April 15, 1998

I HEREBY ACKNOWLEDGE the receipt of a copy of the Regulations prescribed in the Ordinance of the City, for the use of Water, and I request that the water may be furnished through a

4 6" inch 2" taker's meter at pumping station
S.S. 1101 Cove Rd Ex margin st

at such rates as may from time to time be established by the City.

I hereby agree to pay promptly the bill for the Service pipe laid down for my premises, and to pay all dues for water, and I agree to conform to the said Regulations and to all provisions of the Water Ordinances, until written notice is given by me or my agent to cut off the supply.

24559

TELEPHONE _____

X PPW WASTEWATER
X John D. Bury
6" CLCI

Service laid march 23, 1998

Size and kind of pipe

From

Cove Rd

St.

Turned on _____

Meter Set _____

Reading _____

Location _____

Building rates _____

Paid _____

Cost of Service

\$ 40.00

Paid _____

Measures of 6" Gate Valve:

E x E line Margin St.	61.0 ft.
N x S line Cove Rd.	19.0 ft.
E x E line Bldg.	8.0 ft.
E x W line Bldg.	72.0 ft.
N x N line Bldg.	52.0 ft.

SERVICE No 32238

NEW BEDFORD WATER WORKS
APPLICATION FOR SERVICE AND METER

NEW BEDFORD April 15, 1998

I HEREBY ACKNOWLEDGE the receipt of a copy of the Regulations prescribed in the Ordinance of the City, for the use of Water, and I request that the water may be furnished through a

4 inch _____ meter at _____
S.S. Cove Rd opp Stapleton St Ex Man

at such rates as may from time to time be established by the City.

I hereby agree to pay promptly the bill for the Service pipe laid down for my premises, and to pay all dues for water, and I agree to conform to the said Regulations and to all provisions of the Water Ordinances, until written notice is given by me or my agent to cut off the supply.

TELEPHONE _____

Service laid _____ Size and kind of pipe _____

From _____ St. _____

Turned on _____ Meter Set _____

Reading _____ Location _____

Building rates _____ Paid _____

Cost of Service _____ Paid _____

