

**NORTH RAYNHAM WATER DISTRICT
PO BOX I
RAYNHAM, MA. 02767**

TEMPORARY WATER SERVICE APPLICATION

NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
LOCATION OF T.W.S.: _____
REASON FOR T.W.S.: _____

DATE OF INSTALLATION: _____ METER # _____
DATE OF TERMINATION: _____

METER READINGS

STOP READING: _____
START READING: _____
TOTAL USEAGE: _____

ALLOWANCE: 5,000 gallons
OVERAGE: _____ @ \$7.78 PER 1000 GALLONS

APPLICATION FEE: \$175.00 PAID ON _____
FOR 5,000 GALLONS

COMMENTS: _____

SIGNATURE: _____ DATE: _____