



**CITY OF SOMERVILLE, MASSACHUSETTS
 WATER & SEWER DEPARTMENT
 17 FRANEY RD., SOMERVILLE MA 02145**

New Water Service Application	
Date Service Requested:	Address:
Describe Use: (examples: residential, commercial, industrial, mixed, municipal)	Number of Units:
Name of Property Owner:	
Mail Bill To:	
Street:	
City, State, Zip:	
Telephone:	Email:
Size of Service:	Meter Ready: Y/N

For Water Operations Office Use Only:			
Needed Y/N	Item:	Received:	Approved:
	Permit		
	Pressure Test		
	Bacteria Test		
	Design Data Sheet/ BF approved/ test scheduled		
Notes:			

For Utility Billing Office Use Only:	
Meter Size:	Meter Payment Received:
Meter Number:	Meter Transmitter #:
Account Number:	Date Installed:
Notes:	

