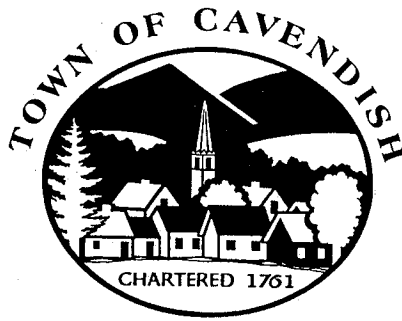


TOWN MANAGER
SELECTMEN
(802) 226-7291



TOWN CLERK
TOWN TREASURER
(802) 226-7292

**APPLICATION FOR ALLOCATION/CONNECTION
TO THE CAVENDISH MUNICIPAL WASTEWATER SYSTEM**

APPLICANT: _____ DATE: _____
Please Print

PHYSICAL LOCATION OF PROJECT: _____

APPLICANT'S MAILING ADDRESS: _____ PROPERTY PARCEL NO. _____

APPLICANTS PHONE NUMBERS: _____

HOME: _____

WORK: _____

PROJECT DESCRIPTION: _____

REQUESTED AMOUNT OF ALLOCATION: _____ Gallons per day

IF RESIDENTIAL PROJECT INDICATE NUMBER OF BEDROOMS _____

ALLOCATION/CONNECTION FEE: _____

IMPORTANT NOTICES:

The Allocation/Connection Fee MUST accompany the application in order for the application to be processed. In the event that an application is denied, the check will be returned.

ALL CONNECTIONS MUST BE INSPECTED BY THE TOWN MANAGER OR HIS DESIGNEE. CONTRACTORS SHOULD BE GIVEN A MINIMUM OF 24 HOURS NOTICE BEFORE THE PIPING IS READY FOR INSPECTION. FAILURE TO NOTIFY THE TOWN MANAGER WILL RESULT IN A \$100.00 PENALTY AND MAY REQUIRE THE CONNECTION TO BE RE-EXCAVATED TO ALLOW THE REQUIRED INSPECTION. TOWN INSPECTION SPECIFICALLY DOES NOT SATISFY OR REPLACE ANY INSPECTIONS WHICH MAY BE REQUIRED BY THE STATE OF VERMONT.

SEND COMPLETED APPLICATION AND CHECK TO:

CAVENDISH WASTEWATER SYSTEM
P.O. BOX 126, CAVENDISH, VT 05142

DO NOT WRITE BELOW THIS LINE

THIS SECTION FOR MUNICIPAL USE ONLY

Appl. Rcvd: _____

Fee: (A) _____ (D) _____ (MP) _____

Allocation/Connection has been: Approved Denied Date: _____

P.O. BOX 126, 37 HIGH STREET
CAVENDISH, VERMONT 05142-0126

FAX (802) 226-7290