

TOWN MANAGER  
SELECTMEN  
(802) 226-7291



TOWN CLERK  
TOWN TREASURER  
(802) 226-7292

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

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please Print

LOCATION: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_ PROPERTY PARCEL NO. \_\_\_\_\_

APPLICANTS PHONE NUMBERS: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

REQUESTED AMOUNT OF ALLOCATION: \_\_\_\_\_ Gallons per day

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.

**SEND COMPLETED APPLICATION TO: CAVENDISH WATER SYSTEM  
P.O. BOX 126, CAVENDISH, VT 05142**

**THIS SECTION FOR MUNICIPAL USE ONLY**

Appl. Rcvd: \_\_\_\_\_

Fee: (A) \_\_\_\_\_ (D) \_\_\_\_\_ (MP) \_\_\_\_\_

Allocation/Connection has been:  Approved  Denied Date: \_\_\_\_\_