

Topsham Sewer District
PO Box 370
Topsham, ME 04086
207-729-3612
topshamseweroffice@gmail.com

New Customer Account Information Form

ACCOUNT#: (District to Provide) _____

NAME: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

WORK PHONE NUMBER: _____

PLEASE CHECK THE FOLLOWING:

OWNER _____

BANK/MORTGAGE CO: _____

TENANT _____

LANDLORD NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

I agree to comply with all the Rules and Regulations of the Topsham Sewer District. I also agree to pay for all Sewer District charges as stated in the Rules and Regulations of the Topsham Sewer District which are on file in the office.

DATE

CUSTOMER SIGNATURE