



TOWN OF SOUTH KINGSTOWN

Wastewater Division

Application for Sewer Service

PROPERTY INFORMATION:

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

Street Name: \_\_\_\_\_

Road Status: Town \_\_\_\_\_ Private \_\_\_\_\_ State \_\_\_\_\_

# of Units: \_\_\_\_\_ Accessory Apartment? Yes \_\_\_\_\_ No \_\_\_\_\_

OWNER INFORMATION:

Owner(s) (as of today): \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Commercial properties with kitchens may need a grease trap. Contact Krystal Cokely, Pretreatment Coordinator at 788-9771 for more information.*