



## Sewer Tap Form

I, \_\_\_\_\_, who own the property located at  
Property Owner Name

\_\_\_\_\_, CERTIFY that I have \_\_\_\_\_  
Property Address # of rooms

rooms that are used as bedrooms at my property. I also Certify that if the number changes I understand it is my responsibility to notify the Town to revise this statement.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\*\*The following is for Office Use Only\*\*

\_\_\_\_\_  
Total Paid (\$100 per bedroom)

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Receipt Number

\_\_\_\_\_  
Share Payment Amount

\_\_\_\_\_  
Share Payment Date

