



**Lynnfield Center Water District**

**83 Phillips Road**

**Lynnfield, Massachusetts 01940**

**Phone +1.781.334.3901**

**FAX: +1.781.334.3013**

**[Administration@LCWD.US](mailto:Administration@LCWD.US) ❖ [www.LCWD.US](http://www.LCWD.US)**

**Application for water service**

Acct# \_\_\_\_\_

**PLEASE PROVIDE INFORMATION TO UPDATE OUR FILES**

**Please complete and return to office (email, FAX, mail, or in person)**

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2021

To: Board of Water Commissioners,

I hereby make application for the supply of water and installation of service and I agree to pay for the same according to the rules and regulations now in force or to be established by the Water Commissioners:

Owner Signature: \_\_\_\_\_

Please print account information

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

Service address: \_\_\_\_\_  
Lynnfield MA 01940

Please check one  Residential  Commercial

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Bill address: \_\_\_\_\_

(if different) \_\_\_\_\_

\_\_\_\_\_

Office use

Service # \_\_\_\_\_

Received: \_\_\_\_\_ / \_\_\_\_\_ / 2021

Updated: \_\_\_\_\_ / \_\_\_\_\_ / 2021