



**CITY OF NEWPORT  
DEPARTMENT OF UTILITIES  
WATER DIVISION  
70 HALSEY STREET  
NEWPORT, RI 02840**

**Phone: 401-845-5600 Fax: 401-846-0947**



**Water Service Application**

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

Property Address: \_\_\_\_\_ Plat/Lot: \_\_\_\_\_

Newport                       Middletown                       Portsmouth

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
(city, state, zip)

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_  
(city, state, zip)

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Service                       Service Renewal

Type of Service:  Residential  Commercial  Fire  Irrigation  Other: \_\_\_\_\_

Application Fee:  Residential (\$60)  Commercial (\$100)      Received by: \_\_\_\_\_

Main Tap Required?     YES     NO      By Whom? \_\_\_\_\_

Service Size (circle one):    3/4"    1"    1 1/4"    1 1/2"    2"    Other: \_\_\_\_\_

Fire Service Size: \_\_\_\_\_      Meter Pit Required?  YES     NO

Meter Size (circle one):    5/8"    3/4"    1"    1 1/2"    2"    Other: \_\_\_\_\_

Site Plan\*:  Attached      Signature of Applicant: \_\_\_\_\_

**\*site plan and application fee are required for application to be accepted.**

**DO NOT WRITE BELOW THIS LINE**

**REGISTER #** \_\_\_\_\_

**COMMENTS:**

_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Contact
Distribution Supervisor			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Contact
Meter Supervisor			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Contact
Deputy Director			
_____	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Contact
Director			

**Water Service Application (cont.)**

Site Plan (site plan must accompany application)