



MAP # _____	LOT # _____
APPROVAL DATE _____	

**TOWN OF ELIOT SEWER ALLOCATION
SELECT BOARD APPROVAL**

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>

<i>Address/Location</i>
<i>Telephone:</i>

CHECK ONE

<i>Commercial Gallonage</i>	<i>Residential – 120 gal average/day</i> <i>Allocation approval expires in 180 days – written extension to the Select Board required two weeks in advance of expiration.</i> <i>NOT Transferable</i>
<i>ALLOCATION FEE \$25.00:</i>	<i>PAID:</i>
<i>ALLOCATION EXTENSION FEE: \$25.00</i>	<i>PAID:</i>
	<i>TOTAL PAID:</i>

<i>Owner Signature</i>	<i>Sewer Superintendent Signature</i>
<i>Date:</i>	<i>Date:</i>