



Town of South Kingstown
Wastewater Division
Application for Sewer Service

PROPERTY INFORMATION:

Plat: _____ Lot: _____

Street Name: _____

Road Status: Town _____ Private _____ State _____

of Units (Residential) _____ # of Units (Commercial)* _____

OWNER INFORMATION:

Owner(s) (as of today): _____

Mailing Address: _____

Phone Number: _____

Date: _____

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