



## TOWN OF NORTH ATTLEBOROUGH, MASSACHUSETTS

### BOARD OF PUBLIC WORKS

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MARK L. HOLLOWELL, DIRECTOR

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#### APPLICATION FOR SEWER SYSTEM CONNECTION BETTERMENT FUNDING

Instructions: Please provide all information requested below, then sign and date this form.

PROPERTY INFORMATION (Please Provide Copy of Deed):

Address of Residence: \_\_\_\_\_

Number of Families at this Address: ( ) One ( ) Two

Owner-Occupied: ( ) Yes ( ) No

Nature of Septic System Failure: \_\_\_\_\_

Name of System Inspector: \_\_\_\_\_ Date of Inspection \_\_\_/\_\_\_/\_\_\_  
(A copy of the system Inspection Report must be attached to this form)

#### APPLICANT INFORMATION

#### CO-APPLICANT INFORMATION

Name \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

I/We certify that the information provided above is true and correct to the best of my/our knowledge. I/We authorize the North Attleborough Board of Public Works and/or its agent(s) or contractor(s) to enter my/our property for purposes of verifying information referenced above, developing a scope of work and cost estimates for any system connection work that may be necessary.

I/We agree to hold the Town of North Attleborough, the Board of Public Works and their agent(s) harmless from liability for any damages that may result from the aforementioned work.

Applicant Signature: \_\_\_\_\_

Date of Inspection \_\_\_/\_\_\_/\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date of Inspection \_\_\_/\_\_\_/\_\_\_

The Board of Public Works reserves the right to request additional information from the applicant (s).