



PO Box 37
101 East Tanner Ave
Darby, MT 59829
(406) 821-3753
Fax (406) 821-3244

APPLICATION FOR WATER & SEWER SERVICE

Property Address: _____
Water Line Size Requested: N/A _____
Owner Name: _____
Co-Owner Name: _____
Mailing Address: _____
City, ST Zip: _____
Home Phone: _____
Alternate Phone: _____

The undersigned Owner/Owner's agent of the premises at the above address hereby applies to the Town of Darby for Water and Sewer service. The undersigned agrees to abide by all rules, regulations and ordinances of the Town relating to water and sewer service and to pay promptly for all charges. The undersigned owner is aware of and agrees that they will be liable for all applicable water and sewer service charges to the premises as provided by Section 8, Town Code of Darby, Montana.

Signature: _____ Date: _____

FOR TOWN OF DARBY USE							
	Hookup Fee		Infrastructure		Line Inspection		
	Fee Amount	Date paid	Fee Amount	Date paid	Size	Date	By Whom
Water		/ /		/ /		/ /	
Sewer		/ /		/ /		/ /	
		/ /		/ /		/ /	
			Water Meter Size:			Date Issued:	/ /
Notes or Comments:							