



# BARNSTABLE FIRE DISTRICT WATER DEPARTMENT

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## Request for Water Account Information

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

Property Address: \_\_\_\_\_

### Requesting Party Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

Relationship to property owner – please specify legal relationship to property owner:

Owner \_\_\_\_\_ Mortgage holder \_\_\_\_\_ Buyer \_\_\_\_\_ Other \_\_\_\_\_

\*Please specify legal relationship to owner

### Information you wish to request:

\_\_\_\_\_

Please specify where you would like this information sent:

\_\_\_\_\_

Signature Line \_\_\_\_\_

We have 10 business days to send your request back to you at the address you have provided to us.

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