## **CHERRY VALLEY SEWER DISTRICT**

P.O. Box 476, Leicester, MA 01524 T: 508-892-0897 F: 508-892-4371

## MASTER DRAIN LAYER APPLICATION

Name		
Address		
Phone #	Fax #	
Previous Exp	perience (include licenses in other municipalities)	
References (	include name, address, length and nature of acquaintance with your work)	
· ·		
2		
3		
4		
Applicants m	nust include with the application the following:	
A. B.	\$25.00 Licenses application filing fee.  Notification from applicant's insurance carrier that said applicant is eligible to receive all Bonding and Insurance's as required under article 5 of the Districts <i>Rules and Regulations</i> . Said Bonding and Insurance's must be in force prior to the performance of any work in the District.	
С.	Letters of references from three (3) persons with professional acquaintances with work.	applicant's
layers and the	egulations of the Cherry Valley Sewer District contain all the requirements for the lice installation and connecting of all building sewers. All applicants are urged to read to prior to submitting of application.	
APPROVA	L DATE://_ APPROVED BY:	

## NONDISCRIMINATION STATEMENT

20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

<sup>&</sup>quot;In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

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