

**New Owner Form**

Account Number: \_\_\_\_\_



Town of Foxborough  
Water & Sewer Department  
70 Elm Street  
Foxborough, MA 02035

I \_\_\_\_\_ hereby make  
(Print)

application for water and sewer service for property

located at \_\_\_\_\_

I agree to abide by all terms and conditions of the

Town of Foxborough Water & Sewer Regulations.

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

Signed: \_\_\_\_\_

***Please mail or return this card to 70 Elm Street.  
If you have any questions, please call 508-543-1209.***