

*Town of Fairhaven
Board of Public Works*

*5 Arsene Street
Fairhaven, Massachusetts 02719*

*TEL. 508-979-4030
FAX. 508-979-4086
bpw@fairhaven-ma.gov*



2025 RENEWAL FORM SEWER DEPARTMENT ANNUAL DRAIN LAYER

As an approved Sewer Department Drain Layer working in the Town of Fairhaven, please fill out the following information below and return to the Fairhaven Board of Public Works Sewer Department by **December 31, 2024** to remain on the contractor list.

REMINDER- SUB CONTRACTORS ARE NOT ALLOWED TO INSTALL OR REPAIR SEWER LINES UNDER ANY OF THE TOWN APPROVED CONTRACTORS PERMITS- SUBJECT TO FINE

**** COPY OF HOISTING LICENSE IS ALSO REQUIRED ****

Please submit a check made out to the Town of Fairhaven in the amount of \$500.00 and mail to 5 Arsene Street, Fairhaven, MA 02719. Please indicate on the check that this fee is for "2025 Sewer Department Drain Layer"

Company Name: _____

Address: _____

City/Town, Zip: _____

Telephone: _____

Fax: _____

Contact Person: _____

Annual Fee: \$500.00

Paid: _____

Receipt: _____

Title: _____