



TOWN OF NEWTON

Lead/Galvanized Steel Replacement Reimbursement Form

Contact Information

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Customer Address Block and Lot: _____

Customer Telephone: _____

Customer Email: _____

Property Address: _____

Water Department Account Number: _____

Plumbing Permit Number: _____

Date Plumbing Work Completed: _____

Date of Inspection by Plumbing Inspector: _____

Signature of Customer: _____

(Do Not Write Below This Line)

Date Received: _____

Reviewed by DPW Supervisor or Designee: _____

Reviewed by Town Manager: _____

Approved by Mayor and Council: _____