LATERAL RESTRICTION POLICY HARDSHIP APPLICATION Water Districts #5, #7A, #10

| Applicant Portion of Form | Date: |
|--|---|
| Name | |
| Address | |
| SBL # | |
| Number of years at this home? | |
| Are you in an agricultural district? (Circle one) Yes | No |
| When was your house constructed? | |
| Does a well exist? (Circle one) Yes | No |
| What type of problems do you have with your well? | |
| What type of information do you have documenting you quality testing etc) | |
| Reasons to request assistance under the Hardship App | olication? (health, financial, water quality) |
| Signature of Applicant | |
| Newstead Portion of Form | |
| Which water district does the applicant live in? (Circle of | ne) No. 5 No. 7A No. 10 |
| Reasons to accept or deny hardship applications | |
| ☐ Accept - (Circle one below) | |
| Demonstrated sound financial hardship with supporting | documentation (attached). |
| Demonstrated significant water quality hardships that lifter potable water with supporting documentation (attack | |
| Demonstrated health related hardships that require wat supporting documentation (attached). | er to be provided by public system with |
| Demonstrated a hardship not identified above. (Descril | pe) |
| ☐ Deny - Applicant did not demonstrate a hardship o under the hardship portion of the Lateral Restriction Po | |
| Building Department Review: Date: | Initials: |
| Town Board Review: Date: Initials | : |