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

Applicant Portion of Form

Date: _____

Name_____

Mailing Address_____ City, State, Zip_____

Street Address applying for hardship_____

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 your well problems? (Receipts, reports, water quality testing etc)_____

Reasons to request assistance under the Hardship Application? (health, financial, water quality)

_____

Signature of Applicant _____

Newstead Portion of Form

Water district applying for? (Circle one) No. 5
No. 7A
No. 10

Reasons to accept or deny hardship application

❑ **Accept**

___ Demonstrated sound financial hardship with supporting documentation (attached).

___ Demonstrated significant water quality hardships that limit the ability of the ground water to be used for potable water with supporting documentation (attached).

___ Demonstrated health related hardships that require water to be provided by public system with supporting documentation (attached).

___ Demonstrated a hardship not identified above. (Describe)_____

_____

❑ **Deny** - Applicant did not demonstrate a hardship or supply sufficient information to qualify under the hardship portion of the Lateral Restriction Policy.

Building Department Review: Date:_____ Initials:_____

Town Board Review: Date:_____ Initials:_____