Name **Service No.**

Address

10 Curve STreeT **Location**

Kind of Pipe **Size** **Size of Main**

Repair—Renewal—New Service **Location**

Date		Material	Amount		Total		Date			Amount	
9-3-26											
	20'	6" Sewer Pipe									
	10'	4" Soil Pipe									
	1	6"X4" Reducer									
	1	6"-1/8° Bend									

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here

Connection made in ..... Street. Work completed .....

Remarks: .....

.....

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