Name **Service No.**

Address 14 Denver Street

Lot #32-33-34 **Location**

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

Repair—Renewal—New Service **Location**

Date		Material	Amount		Total		Date			Amount	
~~5~~	~~24½'~~	~~6" Transite pipe~~ @6	.00		147	.00					
								1965			
								24.6'	6" Transite		

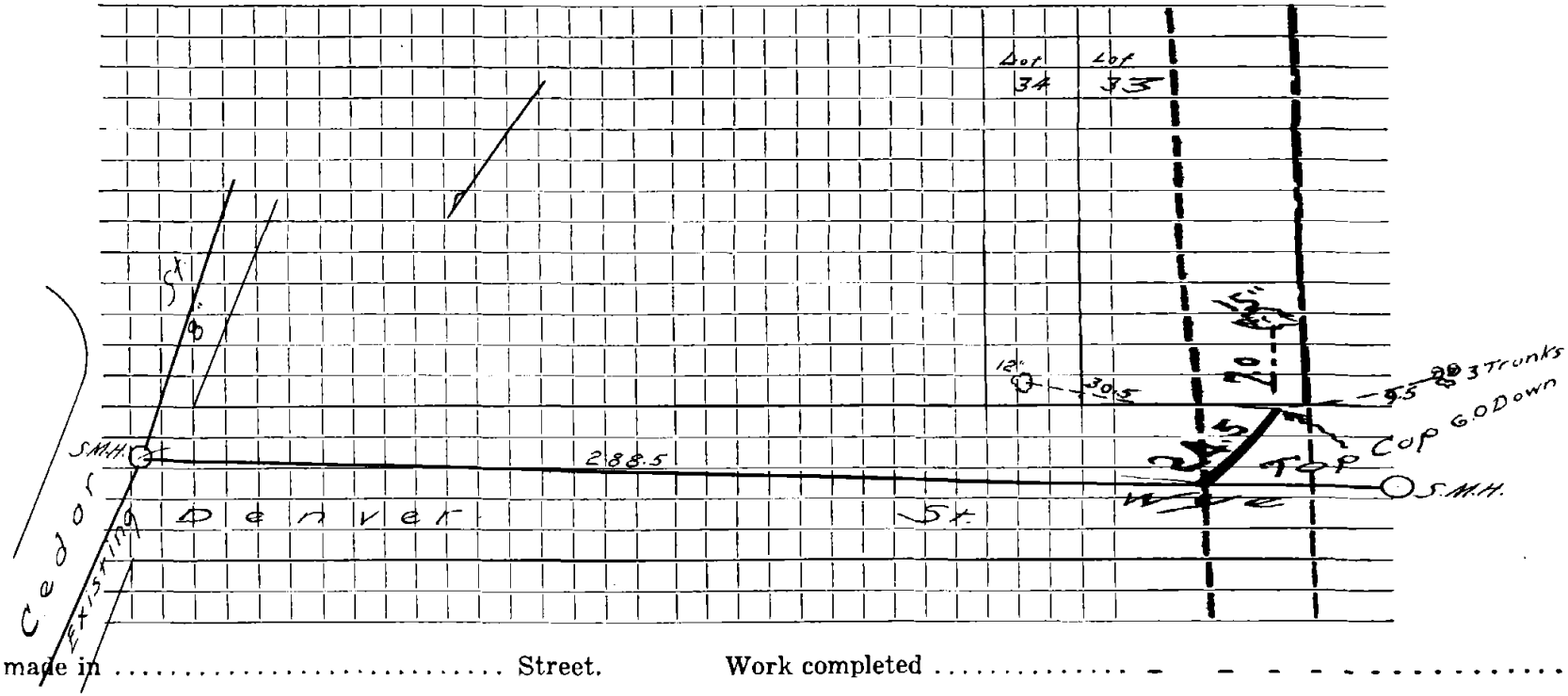
8501

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here



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

Remarks: .....

.....

.....