Name **Service No.**

Address

71 GrANT ST. **Location**

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

Repair—Renewal—New Service **Location**

Date		Material	Amount		Total		Date			Amount	
10-8-	26										
	42'	4" S. Pipe									
	10'	4" Soil Pipe									
	1	6"X4" Reducer									

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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