Name **Service No.**

Address *1948 Mass. Avenue*

1948 Mass. Ave. **Location**

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

Repair—Renewal—New Service **Location**

Date		Material	Amount		Total		Date			Amount	
							8-7-91		Roots		

DATE _____

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here

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

Remarks: .....

.....

.....