

Name \_\_\_\_\_

**Service No.**

**Address:** UNIT 6 SULLIVAN ST, S NO 16

## **Location**

**Kind of Pipe** PVC

**Size** 6"

**Size of Main**

**Repair—Renewal—New Service J. M. L.**

### **Location**

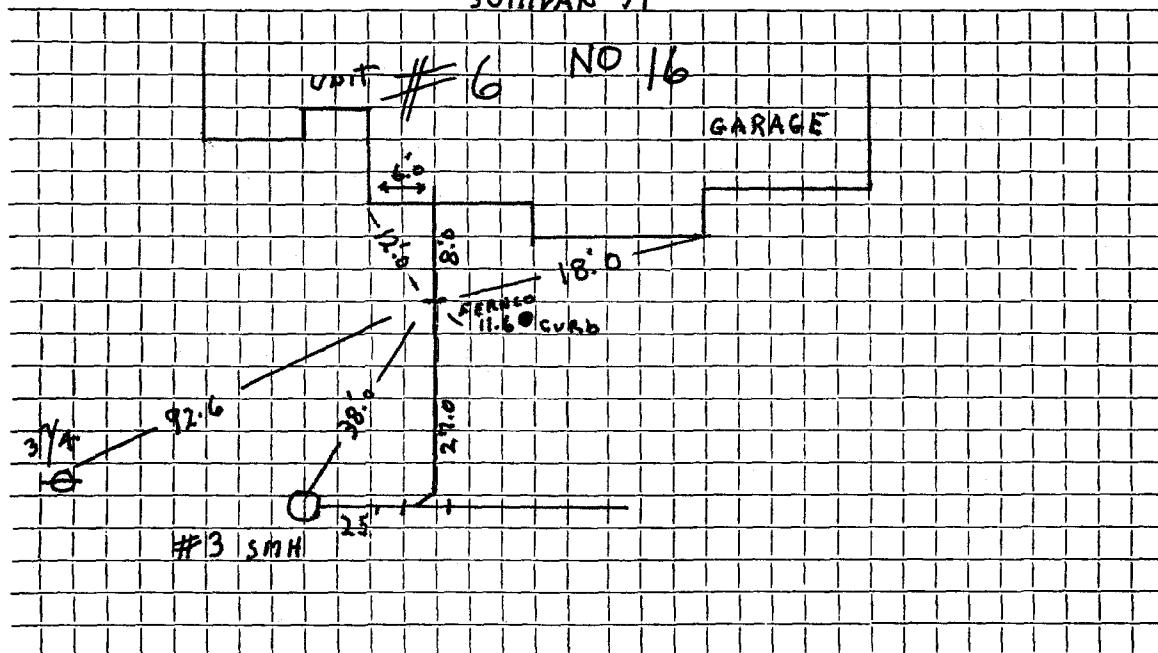
DATE \_\_\_\_\_

TOWN OF LEXINGTON — BOARD OF PUBLIC WORKS

SEWER DIVISION

Sketch of Service Here

SULLIVAN ST



Connection made in ..... Street. Work completed Aug 2001 .....

Remarks: .....