



UNDERGROUND SPRINKLER SYSTEM REGISTRATION FORM

Registration #:

(Office use only)

Address:

Owner Name(s):

Phone Number:

Date of Sprinkler System Installation:

I/We attest that I/we have read and understand the written materials provided, including the guidelines concerning water efficient landscaping and efficient operation of Automatic Systems.

1. Owner Signature: _____ **Date:** _____

2. Owner Signature: _____ **Date:** _____

Once you have read the enclosed information, we request you sign this registration form and return it immediately to the Holliston Water Department at the address listed below.