

DEPARTMENT OF WATER

CITY OF SYRACUSE, MAYOR BEN WALSH

APPLICATION FOR WATER SERVICE

(For information purposes – official application is completed at the Water Department)

Joseph B. Awald, PE	PE			DATE / /			
Commissioner	TYPE OF SERVICE			APPLICATION	NUMBER		
	LOCATION OF SERVICE			Property#	Property#		
	BILLING ADDRESS						
	BUSINESS NAME						
	OWNER NAME			PHONE ()		
	OWNER ADDRESS						
	OWNER REPRESENTATIVE						
	REPRESENTATIVE SIGNATURE						
	PLUMBING COMPANY			PHONE (_)		
	This Section Not Required to Abandon Water Service FIXTURE COUNT WATER DEMAND GALLONS (SUPPLIED BY OWNER\CONTRACTOR) BUILDING						
	PERMIT #	PLUMBING PERMIT #		USE OF SERVICE			
	USE OF BUILDING SIZE OF S			SIZE OF SERVICE	SERVICE		
	TAPPED FROM						
	METER SIZE METER TYPE	METER LOCAT	ION				
	REMOTE SIZE (OPTIONAL UNLESS METER PIT)			BACKFLOW PR	BACKFLOW PREVENTION REQUIRED		
	ROAD CUT RESTORATION FEE		\$	\$			
	DOMESTIC SERVICE FEE		\$				
	METER INSTALLATION FEE		\$	\$			
	FIRE SERVICE FEE		\$				
Department Of Water 101 N. Beech Street	AT COST FEES (IF ANY) REMOTE FEE		\$				

TOTAL.....\$

TOTAL FOR REMOTE (SEPARATE CHECK)

Syracuse, N.Y. 13210

Office 315 448-8340 Fax 315 473-2608 Emergency 24 Hours 315 448-8360

www.syr.gov/water

CHECK #	BANK						
RECEIVED BY	COMPANY NAME						
APPROVED BY		TITLE				_	
DATE INSTALLED _/ (PLEASE PRESS "F2" AFTER APP	/ DATE INSPECTED LICATION IS COMPLETE)	J	/	DATE SET	J	/	

DATE / /