



459 Edgecomb Pond Rd  
Bolton Landing, NY 12814  
Phone (518) 644-9350 Fax: (518) 644-2476  
email: waterdepartment@town.bolton.ny.us

## TOWN OF BOLTON WATER DEPARTMENT

### APPLICATION FOR WATER SERVICE

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

Request:    New Service             Repair             Replacement

Project Engineer

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Project Plumber or Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Owner/ Representative Signature

Date: \_\_\_\_\_

Engineer Plans Submitted: Yes     No

Date: \_\_\_\_\_

Engineer Plans Approved: Yes     No

Date: \_\_\_\_\_

Permit to Proceed: Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Water Superintendent Signature: \_\_\_\_\_

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Date of Inspection: \_\_\_\_\_

Water Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_