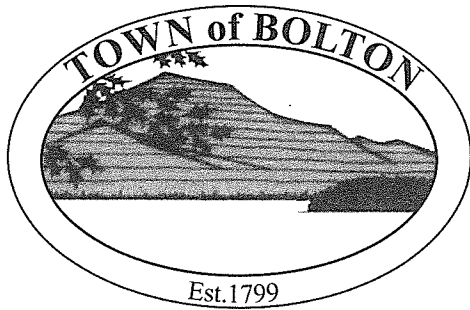


Assessor
644-2894
Justice Court
644-2202
Planning
644-2893



Supervisor
644-2461
Town Clerk
644-2444
Fax
518-644-2476

APPLICATION FOR WATER SERVICE

Property Owner: _____

Address: _____

TAX MAP No. _____

Request: New Service _____ Repair _____ Replacement _____

Project Engineer _____

Address: _____

Phone: _____

Project Plumber or Contractor _____

Address: _____

Phone: _____

Property Owner / Representative Signature _____

Date _____

Engineer Plans Submitted (Y/N) Date: _____

Engineer Plans Approved (Y/N) Date: _____

Permit to Proceed: Approved _____ Date _____

Water Superintendent Signature _____

Date of Inspection: _____

Water Superintendent Signature _____ Date _____

Remarks:

