



CITY OF PORT JERVIS
 DEPARTMENT OF PUBLIC WORKS
 14-20 HAMMOND STREET; P.O. BOX 1002
 PORT JERVIS, NEW YORK 12771
 TELEPHONE: (845) 858-4080
 FAX: (845) 856-6913

**APPLICATION FOR WATER SERVICE
 AND/OR
 WATER SERVICE CONNECTION**

Application is hereby made for:

- Water Service
 Water Service Connection

at _____ Street
 Avenue

DATA:

Number of Units _____

Swimming Pool Yes No

Residential

Industrial

Commercial

City Compatible Water Meter Required

Size of Water Service Required 3/4" 1" Other _____

Size of Sprinkler Service Required: 4" 6" 8" Other _____

The undersigned hereby declares that _____ shall abide by the rules and regulations of the Water Department as duly adopted January 1973.

 Address of Owner

 Date

 Name of Owner

-----Do Not Write Below This Line-----

Estimate Cost of Connection _____

Deposit _____

Check, Cash – Date

 Rec'd By

 Director of Public Works