

**TOWN OF WARRENSBURG
3797 MAIN STREET
WARRENSBURG, NEW YORK**

Application For Sewar Usage

Date: ____/____/____

Application is hereby made for **SEWER SERVICE** at:

Name _____

Account _____

Address _____

Tax Parcel # ____/____/____

City _____ State _____ Zip _____

Effective Date:

Phone Number: _____

From: _____ To: _____

Bill To: _____

Check Type of Service:

(1) New Construction (2) Existing Construction (3) Turn-On (4) Turn-Off

Specify:

- | | |
|-------------------------|---------------------------------------|
| (a) One-family dwelling | (b) Two-family dwelling |
| (c) Multi-unit dwelling | (d) Mobile Home |
| (e) Apartment(s) | (f) Commercial: 1. Motel 2. Cabins |
| (g) Office | (h) Swimming Pool |
| (i) Other: _____ | |

Number of Bathrooms: _____ **Number of Occupants:** _____

Location of Service (Address), if other than above: _____

Fees: (A) **In District Sewer Tap:** \$275.00
 (B) **In/Out of Town, Out of District Sewer Tap:** \$296.00

Applicant's Signature: _____
Town Water Superintendent: _____
Town Clerk's Signature: _____

SERVICE IS CONTINGENT UPON LOCAL REQUIREMENTS BEING SATISFIED