



CSR Initials: _____

APPLICATION FOR WATER SERVICE

- NEW WATER SERVICE
- HYDRANT-PRIVATE FIRE PROTECTION SERVICE
- ADDITIONAL WATER METER REQUEST
- METERED PRIVATE FIRE PROTECTION SERVICE

Date of Application: _____ Tracking No.: _____

Service Address: _____ City: _____

Owner Name: _____

Owner Social Security No.: _____ Date of Birth: _____

Joint Name: _____

Joint Name Social Security No.: _____ Date of Birth: _____

Phone No.: _____ Alt. Phone No.: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

*Parcel (tax) information: Swiss Code _____ Section _____ Block _____ Lot _____

**Information can be obtained from the Assessor's Office or www.cityofjamestownassessment.com*

Licensed Plumber's Name: _____ License No.: _____

Company: _____ Telephone No.: _____

Size of Service: _____ Meter Size: _____

- Type of Account:
- Family Dwelling
 - Commercial Building
 - Other (please specify): _____
 - Apartment House with _____ Units
 - Church
 - School
 - Factory

Please provide information below and create map on reverse of this page:

_____ Rooms _____ Bath Tubs _____ Wash Bowls _____ Shower Baths with _____ Heads
 _____ Toilets _____ Urinals _____ Sinks _____ Garage Connections
 _____ Laundry Tray _____ Water Siphons _____ Hose Attachments

Customer Signature: _____ **Date:** _____

TO BE FILLED OUT BY BPU

NEW SERVICE ONLY New Service Charge \$ _____

New Construction? Yes No Size of Service: _____ Does a Well Exist? (If yes, \$120 Yoke Fee): Yes No

ADDITIONAL WATER METER SERVICE

No. of Additional Meter(s): _____ @ \$215.00 each; Total Cost \$ _____

Additional Service to be listed under: Tenant Owner

Date Given to Serviceman for Installation: _____ Service Man: _____

Copy to A/R with payment South & Center Sewer: _____ Water District: _____

Paid by Cash Paid by Check No.: _____ Invoice No.: _____