



# Town of Skaneateles

## Application for Water Service

Name of Applicant \_\_\_\_\_

Service Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Telephone \_\_\_\_\_

Property Owner (if different) \_\_\_\_\_

Owner Address (if different) \_\_\_\_\_

Boundaries North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

### Type of Service

|                              |                            |                         |
|------------------------------|----------------------------|-------------------------|
| Residential _____            | Single Unit _____          | Multiple Dwelling _____ |
| Commercial(specify) _____    | Industrial (specify) _____ |                         |
| Contractor (temporary) _____ | Other _____                |                         |

Meter # \_\_\_\_\_

Radio # \_\_\_\_\_

Water District # \_\_\_\_\_

Sewer District # \_\_\_\_\_

Date \_\_\_\_\_

Approval Date \_\_\_\_\_

Signature \_\_\_\_\_

Approval Signature \_\_\_\_\_

Submit to : [water@townofskaneateles.com](mailto:water@townofskaneateles.com)