

Town of Skaneateles
Application for Water Service

Name of Applicant _____

Service Address _____

Mailing Address (if different) _____

Telephone # _____

Tax Map # _____

Property Owner (if different) _____

Owner(s) Address (if different) _____

Boundaries North _____

 South _____

 East _____

 West _____

Type of Service

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

Meter # _____

New Meter _____

Water District # _____

Sewer District # _____

Date _____

Signature _____

