



DEPARTMENT OF WATER

CITY OF SYRACUSE, MAYOR BEN WALSH

APPLICATION FOR WATER SERVICE

(For information purposes – official application is completed at the Water Department)

Joseph B. Awald, PE
Commissioner

John D. Walsh
Deputy Commissioner

DATE / /

TYPE OF SERVICE APPLICATION NUMBER

LOCATION OF SERVICE Property #

BILLING ADDRESS _____

BUSINESS NAME _____

OWNER NAME PHONE ()

OWNER ADDRESS _____

OWNER REPRESENTATIVE _____

REPRESENTATIVE SIGNATURE _____

PLUMBING COMPANY PHONE ()

This Section Not Required to Abandon Water Service

FIXTURE COUNT	WATER DEMAND	GALLONS (SUPPLIED BY OWNER\CONTRACTOR)	BUILDING
PERMIT #	PLUMBING PERMIT #	USE OF SERVICE	
USE OF BUILDING		SIZE OF SERVICE	
TAPPED FROM			
METER SIZE	METER TYPE	METER LOCATION	
REMOTE SIZE (OPTIONAL UNLESS METER PIT)		BACKFLOW PREVENTION REQUIRED	

ROAD CUT RESTORATION FEE	\$	\$
DOMESTIC SERVICE FEE	\$	\$
METER INSTALLATION FEE	\$	\$
FIRE SERVICE FEE	\$	
AT COST FEES (IF ANY)		
REMOTE FEE	\$	
TOTAL	\$	_____
TOTAL FOR REMOTE (SEPARATE CHECK)	\$	_____
	\$	_____

CHECK # BANK

RECEIVED BY COMPANY NAME

APPROVED BY TITLE

DATE INSTALLED / / DATE INSPECTED / / DATE SET / /

(PLEASE PRESS "F2" AFTER APPLICATION IS COMPLETE)

Department Of Water
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www.syr.gov.net