

Town of Albion Water Application
3665 Clarendon Rd
Albion, NY 14411
(585) 589-7048 x 2

Date: _____

I, _____, do hereby petition the Town of Albion for a water service at

_____.

Phone #: _____ Second Phone # (optional): _____

Email Address: _____.

1. Are you the owner of this property? ___ Yes ___ No

If no, please provide the name and address of the owner:

Name: _____ Phone #: _____

Address of Owner: _____

2. Is the water bill to be sent to the petitioned address? ___ Yes ___ No

If no, where should the bill be sent?

Name: _____ Phone #: _____

Address: _____

3. Is this a new service or a transfer of an existing service? ___ New ___ Transfer

THE PETITIONER FURTHER UNDERSTANDS THAT BY SIGNING THIS APPLICATION THAT ALL CHARGES ASSOCIATED WITH THE CONNECTION AND/OR USE OF WATER IS THE RESPONSIBILITY OF THE PROPERTY OWNER AND IT IS FURTHER UNDERSTOOD THAT THE RULES AND REGULATIONS OF THE TOWN OF ALBION ARTICLE 99 – WATER USE LAWS SHALL BE ADHERED TO. IT SHALL BE THE RESPONSIBILITY OF THE PROPERTY OWNER TO CONTACT THE TOWN OF ALBION HIGHWAY DEPARTMENT BEFORE THE COMMENCEMENT OF ANY WATER LINE INSTALLATION. FAILURE TO COMPLY WITH ANY OF THE RULES AND REGULATIONS AS SET FORTH IN ARTICLE 99 – WATER USE LAWS WILL RESULT IN PENALTY/PENALTIES AS OUTLINED IN SAID LAW.

Signature: _____

Official Use Only

Meter #: _____

Amount Paid: _____

Tap in required ___ Yes ___ No

Meter Pit Required ___ Yes ___ No