## YORKTOWN WATER DEPARTMENT 1080 SPILLWAY ROAD SHRUB OAK, NY 10588

TELEPHONE: (914) 245-6111 / FAX: (914) 245-8422

## PRE-WATER SERVICE APPLICATION\*

DATE:				
Applicant:				
Address:				
Telephone:		Email Address:		_
Job Location:	SECTION	PARCEL	LOT	_
	STREET			
(If line fi	is required (s	_ No o house is 75 ft. or see attached meter p	=	coupling
		FOR OFFICE USE	ONLY	
1. Water Dist (Check One	crict e: In District	Out of I	District)	
		ening Permit Requ directly at 914-962-		
3. Meter Size	e:(To be	e determined by Wate	er Dept. authorized	personnel)
(Includes insp	pection of serv	ned fee schedule)vice line & purchasesible for meters ove	e/installation of u	up to
	Reviewed by	y:(Authorized Per	Date:	
	Approved by	Y:(Water Superinter	Date:	

\*After 6 months from date of approval this permit becomes invalid and must be re-evaluated by the Water Department staff. Prices are subject to change.

ALL WORK MUST BE PERFORMED BY A WESTCHESTER COUNTY LICENSED PLUMBER.