



**CITY OF PORT JERVIS**  
 DEPARTMENT OF PUBLIC WORKS  
 20 HAMMOND STREET; P.O. BOX 1002  
 PORT JERVIS, NEW YORK 12771  
 TELEPHONE: (845) 858-4001  
 FAX: (845) 858-4006

**APPLICATION FOR WATER SERVICE  
 AND/OR  
 WATER SERVICE CONNECTION**

Application is hereby made for:

- Water Service  
 Water Service Connection

at \_\_\_\_\_ Street  
 \_\_\_\_\_ Avenue

DATA:

Number of Units \_\_\_\_\_

Swimming Pool  Yes  No

Residential

Industrial

Commercial

**City Compatible Water Meter Required**

Size of Water Service Required  3/4"  1"  Other \_\_\_\_\_

Size of Sprinkler Service Required:  4"  6"  8" Other \_\_\_\_\_

The undersigned hereby declares that \_\_\_\_\_ shall abide by the rules and regulations of the Water Department as duly adopted January 1973.

\_\_\_\_\_  
 Address of Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Owner

-----Do Not Write Below This Line-----

Estimate Cost of Connection \_\_\_\_\_

Deposit \_\_\_\_\_  
 Check, Cash – Date

\_\_\_\_\_  
 Rec'd By

\_\_\_\_\_  
 Director of Public Works