CITY OF PORT JERVIS
DEPARTMENT OF PUBLIC WORKS
14-20 HAMMOND STREET; P.O. BOX 1002
PORT JERVIS, NEW YORK 12771
TELEPHONE: (845) 858-4080
FAX: (845) 856-6913

APPLICATION FOR SEWER CONNECTION

Date _____ 20_____

Application is hereby made to the _____sewer
Sanitary/Storm

at_____Street.
Avenue

_____
Name of Applicant or Authorized Agent

_____
Address

_____
Type of Structure: House, Store, Garage, Industry

For connections other than residential, applicant must request a sewer ordinance book. If sewer use requires pretreatment, plans and specifications must be submitted for approval.

_____
Signature of Applicant

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

1. **Estimate Cost of Connection: $_____**

2. **Deposit $_____**
   Cash, Check

3. **Received By:_____**
   City Clerk-Treasurer