

TOWN OF BENNINGTON
905 Old Alleghany Road, Attica NY 14011
Application for Water Service in the Cowlesville Water District

Date: _____

I, _____, do hereby petition the Town for water service at:
_____. Phone # _____

Are you the owner of the property? ☐ Yes ☐ No

If not the owner, please provide owners name and address: Name: _____

Address: _____ Phone #: _____

Is the bill to be sent to the address above? ☐ Yes ☐ No If No, where should the bill be sent:

Name: _____ Phone #: _____

Address: _____

Is this a new service or a transfer? _____

The petitioners further agrees that all tap in charges, meter rental and the metered water will be paid by the owner of the premises located above. It is also understood that by making this application all the rules and regulations of the Town of Bennington Water Districts are hereby agreed to and that at the time of this application the applicant was given a copy of the connection instructions and water use laws.

Also, before commencing of the water line installation, the Petitioner agrees to contact the Town Water System Operator at 585-591-2157 to schedule inspection of the installation. Failure to do so may result in the excavation of the installation for inspection at the expense of the owner.

_____ Applicant Signature	Name of Contractor: _____ _____ Phone #: _____
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Meter # _____

Tap in required: ☐ Yes ☐ No

Amount Paid \$ _____

Meter pit required: ☐ Yes ☐ No

NOTE: CERTIFICATE OF INSURANCE REQUIRED, SHOWING THAT CONTRACTOR (IF APPLICABLE) HAS ONE (1) MILLION DOLLARS LIABILITY/WORKERS COMPENSATION COVERAGE. IF THE HOMEOWNER IS DOING THE INSTALLATION, THEY MUST HAVE \$300,000 IN LIABILITY INSURANCE COVERAGE. CERTIFICATE OF INSURANCE MUST LIST THE TOWN OF BENNINGTON AS ADDITIONALLY INSURED.