Town of Orleans Water and Sewer Department

PO Box 103
LaFargeville, New York 13656

"This institution is an equal opportunity provider and employer"

Application for Water and Sewer Department Name: _____

Address:_____

Tax Map Number:_____

Phone Number:_____

Are you currently connected to water _____Yes _____No_____District

Are you currently connected to Sewer _____Yes _____No_____District

Will new construction involve additional water or sewer usage or hookup _____Yes_____No

Will you be using a contractor or T/Orleans DPW for hookup_____

DPW Approval: Name_____

The undersigned hereby agrees to pay for any and all services rendered upon the terms prescribed a in all things, subject to the Town of Orleans Water and Sewer use ordinance, and municipal code.

Applicant Signature:_____
(***A hookup fee is due at the time of application*, fee schedule attached)**

Office Use Only

Fee Paid_____
Date_____
Number of EDU's requested_____
Type of Service Requested_____
Approved by Zoning Officer Signature_____