

Saratoga Water Services, Inc.

P.O. Box 2109

Malta, New York 12020

Telephone: 518/899-6001 Fax: 518/899-4966

Website: www.saratogawaterservices.com

Acct #: _____

APPLICANT INFORMATION

Name: _____

Billing Address: _____

Social Security Number: _____

Service Address: _____

Telephone Number(s): (Home): _____ (Work): _____

Service Start Date: _____

Tax Map Number: _____

1) Type of Building? _____

2) Will this premise require fire protection (sprinkler system) within the building? Y or N

3) Does this premise have an in ground lawn sprinkler? Y or N

4) How many bathrooms? _____ Bedrooms? _____

5) Does this premise have any of the following? (circle please)

Pool	Water related solar heat
Well or point	Other (specify)

- If a well or point is to be used in conjunction with new service, then an appropriate back flow preventing device must be installed.
- Customer is responsible for any maintenance or repairs from curb valve to the home

I understand that Saratoga Water Services, Inc. will provide water service to the service location described on this application in accordance with the regulations on file and approved by the New York State Public Service Commission. I agree to abide by these rules and will pay the appropriate charges for service.

Authorized Signature: _____

Date: _____

Print Name: _____