

# WATER SERVICE TURN-ON REQUEST

WATER DISTRICT NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

Property Location: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Requested by: \_\_\_\_\_

{print name}

Comments:

*OFFICE USE ONLY*

Clerk \_\_\_\_\_

Date Received \_\_\_\_\_

Water Department : Date Turned On \_\_\_\_\_

\$40.00 fee ; Charged to water account \_\_\_\_\_

**Mail completed form to:**

Town of Clarendon  
PO Box 145  
Clarendon, NY 14429

**Deliver completed form to:**

Clarendon Town Clerk's Office  
16385 Church Street  
Clarendon, NY 14429