

VILLAGE OF ALTAMONT
DEPARTMENT OF PUBLIC WORKS

Tim McIntyre, Superintendent

115 Main Street, PO Box 643
Altamont, New York 12009

Phone (518)861-8554
Fax (518) 861-5379

ALTAMONT WATER DISTRICT
APPLICATION FOR SERVICE CONNECTION

TO BE COMPLETED BY APPLICANT

DATE: _____ WATER: _____ SEWER: _____

Property Location of Proposed Service Connection: _____

OWNER INFORMATION

Name: _____
Address: _____

Phone: () _____
Cell: () _____
Fax: () _____

CONTRACTOR INFORMATION

Name: _____
Address: _____

Phone: () _____
Cell: () _____
Fax: () _____

Existing Use: _____

Intended Use (explain) _____

Type of construction proposed:

Connection Size Proposed: _____ or New Construction – Dwelling from road: FT _____

Insurance Carrier: _____ Policy Number: _____

TO BE COMPLETED BY VILLAGE

Fees:	Water _____	Parcel Identification Number _____		
	Capital Charge _____	Plans Required	Yes	No
	Sewer _____	Road Cut Permit	Yes	No
	Capital Charge _____			
Total Fees Paid:	_____			

“The applicant acknowledges that the Village may turn off the water supply, on notice, to any out-of-village use who fails to pay their water or sewer bills when due.”

Please note installation of service is not included in the fees and is the responsibility of the applicant.

DATED: _____ APPLICANT/OWNER: _____

DATED: _____ VILLAGE: _____