



CITY OF ONEIDA

WATER DEPARTMENT

109 North Main St.
Oneida NY 13421

Tel. 315-363-1490
Fax 315-363-9558

OFFICE USE	
Acct. #	_____
Invoice #	_____
Bill Date	___/___/___
Bill Amount	_____

Request for Water Service



Know what's below.
Call before you dig.

I hereby request the City of Oneida Water Department to install a water service at the following location:

Address: _____

City/Town/Village: _____

County: (Madison) (Oneida)

Nearest Intersection: _____

Additional Location Information: _____

Section/Block/Lot # from Tax Map: _____

BILLING OWNERS

PERSON INSTALLING SERVICE

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Zip _____ City: _____ Zip _____

Phone: (____) _____ Phone: (____) _____

I certify that I am the deeded owner of the above property. I have received a copy of, and understand the Rules and Regulations pertaining to water services and meter installations. I further understand that I am responsible for any violations of the Rules & Regulations by plumbers employed by me.

SIGNED: _____ DATE ___/___/___

Return completed form to the Water Department. A site plan of the property shall be submitted to the Water Department with all applications for water service. The location of the building, set back from existing street and location of driveways and walks shall be sketched in. All underground utilities shall be shown on the site plan. **Incomplete applications will be returned.**

SUPERINTENDENTS APPROVAL	
_____ Approved	
_____ Disapproved	
Reason: _____	
Signed: _____	Date: ___/___/___