



## APPLICATION FOR NEW SITE

Register No.		Date:
Address		Proposed Service Size:
City	Zip	Type of Service: <input type="checkbox"/> Residential
Cross Street		<input type="checkbox"/> Commercial <input type="checkbox"/> Fire

### BUILDER or OWNER INFORMATION

Builder	Owner
Address	Address
Builder's Phone No. (    )	Owner's Phone No. (    )
Builder's Signature	Owner's Signature

### PLUMBER INFORMATION

Plumber:		
Address		License Number:
City	Zip	Expiration Date:
Phone No. (    )		
Plumber's Signature		

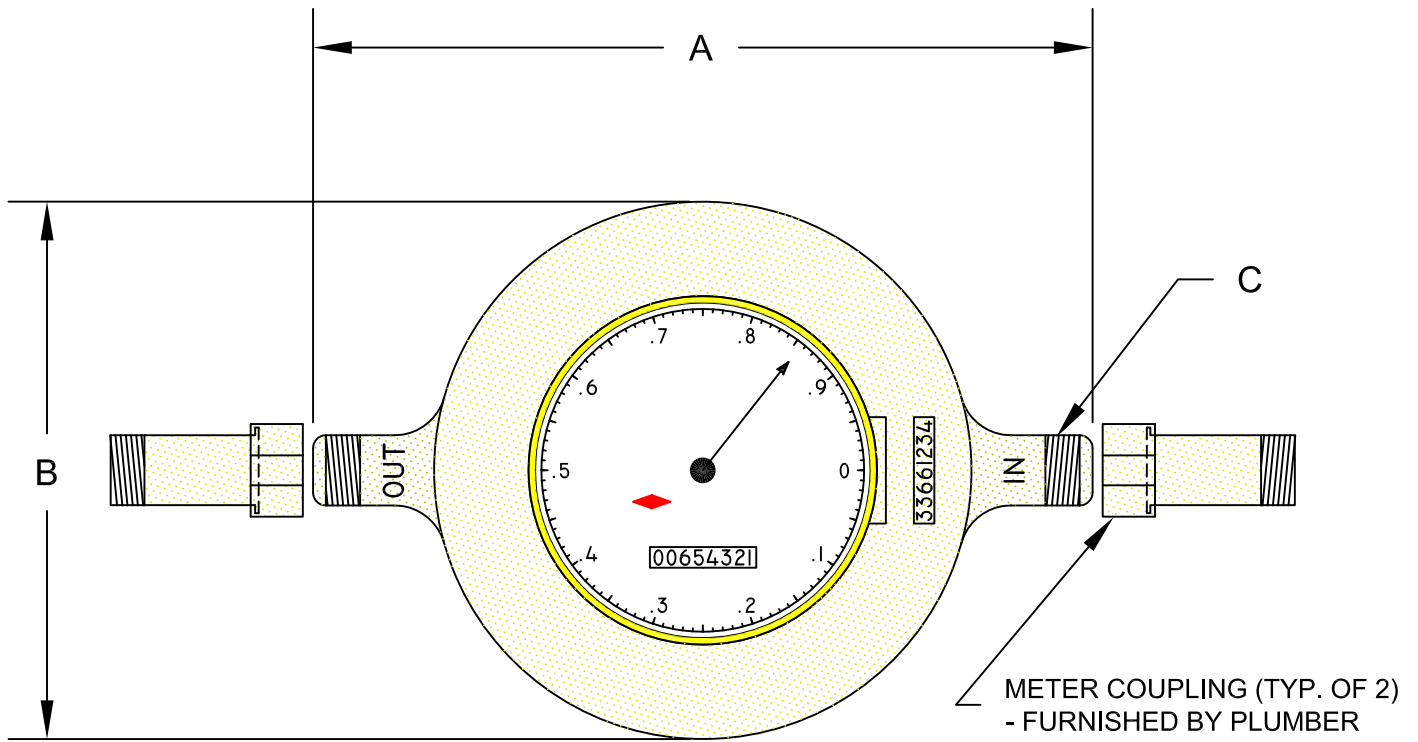
<b><i>The number and type of fixtures to be installed in the above premises are as follows:</i></b>			
Bathtub	Bar Sink	Bidet	Clothes Washer
Cuspidor	Dishwasher	Drinking Fountain	Hose Bibb
Kitchen Sink	Lavatory	Laundry Tub	Shower Head
Service Sink	Urinal Pedestal	Urinal Wall	Urinal Tank
Wash Sinks	WC Flushometers	WC Tank	Other
Lawn Sprinkler: No. of Heads:			
Total Number of Fixture Units, if Known			

<b>The building is to be occupied as:</b>	
<b>The water line will be brought into the building line from</b> _____ <b>(St./Ave.)</b>	
<b>Approved for Service By</b> _____	<b>Date</b> _____



## RESIDENTIAL APPLICATION FOR SERVICE

<b>Account Number:</b>	<b>Deposit Amount:</b>	<input type="checkbox"/> \$50.00 (Owner*) <input type="checkbox"/> \$200.00 (Tenant)
* If you have advised us you are an owner and proof of ownership is not returned to us with the completed application, a total deposit amount of \$200 will be charged to your new account.		
<b>Service Location:</b>		
<b><u>PLEASE PRINT OR TYPE</u></b>		
<b>Customer Name:</b>		
<b>Home Telephone:</b>		<b>Business Telephone:</b>
<b>Mailing Address:</b>		
Number/Street	Town	State      Zip
<b>Social Security No.:</b>		
<b>Driver's License No.</b>		<b>State of Issuance:</b>
<b>Employer Name:</b>		<b>Years with Employer:</b>
<b>Employer Address:</b>		
<b>Employer Telephone:</b>		
<b>Prior Account(s) with Water Authority (list address or account number):</b>		
<b><u>PROOF OF OWNERSHIP (Attach copy of documents) CHECK ONE:</u></b>		
1. Deed/Closing Date of Responsibility:		2. Lease Date of Responsibility:
<b>If you are not the owner of the premise, please complete the following section:</b>		
<b>Owner of Premise:</b>		<b>Owner Telephone:</b>
<b>Owner Mailing Address:</b>		
I hereby request water service be established at the above service location according to the terms, conditions and rates contained in the Water Authority's rules and regulations.		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>



### TYPICAL 5/8" TO 1" WATER METER

NOT TO SCALE

METERS ARE TO BE INSTALLED HORIZONTALLY

#### DIMENSIONS

METER SIZE	A (IN.)	B (IN.)	C		APPROX. WEIGHT (LBS.)
			THREADS PER IN.	O.D. (IN.)	
5/8"	7-1/2	3-5/8	14	1.030	3-3/4
3/4"	9	4-3/8	11-1/2	1.290	6
1"	10-3/4	6-1/2	11-1/2	1.626	9-3/4

NOTE: THE WATER AUTHORITY SHALL FURNISH AND INSTALL THE WATER METER. IT IS THE **PLUMBER'S RESPONSIBILITY** TO PROVIDE ALL ASSOCIATED PIPE AND FITTINGS FOR A COMPLETE INSTALLATION.

DRAWN BY: P.Miloscia | DATE: 3/27/12

CHECKED BY: B. Swartz

WATER AUTHORITY  
of WESTERN NASSAU COUNTY

TYPICAL 5/8" TO 1" WATER METER FOR  
NEW INSTALLATION