



Sanitary Sewer Service Request

Requester Name: _____

Account Address: _____

Mailing Address (If Different from Requester Address): _____

Property Owner: _____

Contact Person: _____ **Phone:** _____

Email Address: _____

Plumbing Permit No.: _____ **Street/Sidewalk Cut Permit No.:** _____

Type of Account: Residential Commercial
 Industrial Other (Specify): _____

Lateral Line Size: _____ inches

Equivalent Dwelling Units: _____

Estimated Maximum Daily Discharge: _____ gallons per day

Date Service Required: _____

New Construction: Yes No **Ownership Transfer:** Yes No

Signature of Requester

Date

Request for installation of a new sanitary sewer service must be submitted at least 30 days before service is required and must be accompanied by two sets of detailed plans for review by Capital Region Water.

Note: Request is not approved until signed by Capital Region Water.

A Fee of \$100.00 payable to "Capital Region Water" must accompany this Request.

Please complete and return to:
**Capital Region Water
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103**

Capital Region Water Use Only

Fee Calculation: \$2,820/EDU x _____ **EDUs =** _____ **Date Fee Paid:** _____

Inspection Date: _____ **Inspector:** _____

Main Size: _____ **Tap Size:** _____

Type (Material) of Service: _____

Location of Service: _____

CRW Approval: _____ **Signature** _____ **Title** _____ **Date** _____