



Water Service Request

Requester Name: _____ **Account Number:** _____

Requester Address: _____

Mailing Address: *(If Different from Requester Address):* _____

Property Owner: _____

Contact Person: _____ **Phone Number:** _____

Email Address: _____

Rental Property: Yes No If yes, the attached List of Tenant(s) (found on reverse side of this form) must be completed and returned with the Water Service Request.

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

Service Line Size: _____

Estimated Maximum Consumption: _____

Date Service Required: _____ **Street/Sidewalk Cut Permit #** _____

New Construction: Yes No Sketch\Plan and List of Materials **Ownership Transfer:** Yes No

Special: Swimming Pool Cooling Water Process
 Food Processor Other (Specify): _____

By signing this Request, the Requester agrees to abide by the Rules and Regulations of Capital Region Water, in particular the provisions governing the terms, conditions, fees and charges relating to water service.

Signature of Requester

Date

Request for water service must be submitted at least seven days before service is required. Request for the installation of a service line and connection thereto by Capital Region Water must be submitted at least 30 days prior to the requested installation date.

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

A Fee of \$188.00 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

Inspection Date: _____ **Inspector:** _____

Main Size: _____ **Meter Size:** _____ **Meter Number:** _____

Tap Size: _____ **Meter Make:** _____ **Meter Reading:** _____

Type (Material) of Service: _____

Location of Service: _____

Curb Box to Grade: Yes No

Curb Box Accessible: Yes No

Valve on Curb Side of Meter: Yes No

Backflow Preventer Installed: Yes No **Type:** _____

CRW Approval: _____

Signature

Title

Date

DW:MG



capitalregionwater.com
888-510-0606

List of Tenant(s)

Property #: _____

Property Address: _____

Property Owner: _____

Please be advised that the following occupant(s) reside in the above property at the following locations (e.g., apartment number).

Tenant Apartment Name: _____

Tenant Name	Apartment #	Tenant Name	Apartment #
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

If additional space is needed, please use a separate sheet of paper.

Signature of Property Owner

Date

Please complete and return to:

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Customer Service Center
100 Pine Drive
Harrisburg, PA 17103