



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.

To submit in person or by mail: Capital Region Water Customer Service Center 100 Pine Drive Harrisburg, PA 17103

To pay by credit card: Call 888-510-0606 to speak with a Customer Service Representative and submit this Request via email to info@capitalregionwater.com.

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



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:

Capital Region Water
Customer Service Center
100 Pine Drive
Harrisburg, PA 17103