

Air Conditioning - Refrigeration Request

Account Name: _____

Account Address: _____

Mailing Address: (If Different from Account Address): _____

Property Owner: _____

Property Agent: _____

Property Tenant: _____

Contact Person: _____ Phone: _____

Email Address: _____

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

Property Number: _____ Building Permit Number: _____

New Construction: _____ Building Addition: _____

Unit Manufacturer: _____

Unit I.D. and Model Number: _____

Maximum Rated Capacity (BTU/Hour or Tons/Day): _____

Horsepower: _____ Water Recycle: Yes No

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 air conditioning and other refrigeration.

Signature of Requester

Date

Four (4) sets of detailed plans must accompany this Request for review by the following City agencies: Water, Codes, Engineering, and Fire Department. Failure to do so will result in the rejection of the Request.

A Fee of \$25.00 payable to "Capital Region Water" must accompany this Request.

To submit in person or by mail:

Capital Region Water
Customer Service Center
3003 North Front Street
Harrisburg, PA 17110

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: _____

Deducting System: Yes No

Meter Information:

Isolation Valves: Yes No

Check Valve Information: