

## 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.**

**Submit form, four (4) sets of detailed plans, and payment in-person or by mail to:**

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

### Capital Region Water Use Only

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

Deducting System:  Yes  NoMeter Information:  
\_\_\_\_\_Isolation Valves:  Yes  NoCheck Valve Information:  
\_\_\_\_\_