



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 (2) 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.

Submit form, 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

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

WW:MC