



# 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:CH