



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

Water service request for must be submitted at least seven (7) days before service is required. Request for the installation of a service line and connection to by Capital Region Water must be submitted at least 30 days prior to the requested installation date.

- Notes: *If you need to make a street/sidewalk cut as part of this request, you must obtain a Street/Sidewalk Cut Permit by completing and submitting an application form. See Street-Sidewalk Cut Permit Request Form. Request is not approved until signed by Capital Region Water.

A Fee of \$188.00 payable to "Capital Region Water" must accompany this Request.

Submit form 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:

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

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