

**COLDEN WATER DISTRICT #1
REQUEST FOR SERVICE**

SERVICE LOCATION/ADDRESS _____

NY _____

WATER ACCOUNT: #A _____

DATE OF REQUEST _____ 20_____

BY PHONE

IN PERSON

SERVICE REQUEST:

PROPERTY TRANSFER/ SCHEDULE FINAL READING _____
DATE

TENANT MOVING OUT/IN SCHEDULE READING _____
DATE

NEW SERVICE INSTALLATION

METER REPAIR/REPLACEMENT

OTHER EXPLAIN: _____

PERSON REQUESTING SERVICE:

PROPERTY OWNER TENANT OTHER _____

NAME: _____

PHONE: (H) _____

(C) _____

ADDRESS _____

(W) _____

SIGNATURE: _____