

# *Town of Canandaigua*

5440 Routes 5 & 20 West  
Canandaigua, NY 14424  
(585) 394-1120  
Fax: (585) 394-9476  
www.townofcanandaigua.org

*Established 1789*

1) Name of Property

2) Bill to:

3) Address

Size of Water Service desired: (check one)

- |        |  |
|--------|--|
| 3/4"   | Including Meter and Inspection Fee             |
| 3/4"   | Subdivision Including Meter and Inspection Fee |
| 1"     | Including Meter and Inspection Fee             |
| 1 1/2" | Including Meter and Inspection Fee             |
| 2"     | Including Meter and Inspection Fee             |

The undersigned certifies that he/she will agree to abide by the rules and regulations of the district. All installations must be inspected by The Town of Canandaigua's authorized agent prior to hook-up or back fill.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Note: PAYMENT MUST BE SUBMITTED WITH THIS APPLICATION BEFORE THE DISTRICT'S REPRESENTATIVE WILL BE NOTIFIED TO INSTALL SERVICES.

Amount submitted with this application:

Additional Remarks:

## **Received Payment**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Clerk