

**VILLAGE OF VERNON
P.O. BOX 1137
VERNON, NY 13476
Tel. (315) 829-2777
Fax (315) 829-2747**

REQUEST FOR WATER SERVICE

I hereby request the Village of Vernon Water Department to install a water service at the following location:

Address: _____
Town/Village: _____
County: (Madison) (Oneida)
Nearest Intersection: _____
Additional Location Information _____

Section/Block/lot # from Tax Map: _____

BILLING OWNERS

Name: _____
Address: _____
City: _____
Phone: (____) _____

PERSON INSTALLING SERVICE

Name: _____
Address: _____
City: _____
Phone: (____) _____

I certify that I am the deeded owner of the above property. I have received a copy, and understand the rules and regulations pertaining to water services and meter installations. I further understand that I am responsible for any violations of the Rules & regulations by plumbers employed by me.

SIGNED: _____ DATE ____ / ____ / ____

Return completed form to the Village Clerk. A survey of the property shall be submitted to the Water Department with all applications for water service. The location of the building, set back from existing street and location of driveways and walks shall be sketched in.

SUPERINTENDENTS APPROVAL

_____ Approve

_____ Disapproved

Reason: _____

Signed: _____ Date: ____ / ____ / ____