

WATER / SEWER SERVICE APPLICATION
VILLAGE OF CATTARAUGUS

Date of Request _____ Account Number(s) _____

Service Requested Name Change Turn On Shut Off Final Meter Read _____

RESIDENT INFORMATION

Service Address _____
Property Owner Name _____
Mailing Address _____
Tenant Name _____ Bill Copy
Mailing Address _____
Daytime Telephone No. _____ Email Address _____

ADDITIONAL INFORMATION

Date Service is to start / stop _____
Have you had another account with the Village of Cattaraugus? No Yes Address _____
Closing Date of Property Sale / Purchase _____

SERVICES

All accounts are billed on a quarterly basis. Water and Sewer rates are set by the Village Board of Trustees. The Village of Cattaraugus requires written authorization from the customer before discontinuing water services.

ACCEPTANCE OF RESPONSIBILITY FOR WATER / SEWER SERVICES BY RESIDENT

I, _____ do hereby apply with the Village of Cattaraugus for water / sewer services for use upon premises located at _____ from the date written above and thereafter until cancelled by me. Services will be provided to me subject to all rules, regulations, and rates applicable as may be amended by the Village Board of Trustees. I agree to observe, perform and pay according to said regulations. I agree to accept responsibility for this property with regard to the utility services provided by the Village of Cattaraugus as of the date service is to start as listed above.

Signature

SERVICE DISCONNECTION

I, _____ do hereby request that the water service at _____ be shut off. I understand the Village of Cattaraugus reserves the right to read the meter(s) within a one - week period from the date of the notification to terminate for a final bill.

Signature

We are an equal opportunity provider.
Complaints of discrimination should be sent to:
USDA Director, Office of Civil Rights, Washington, D.C. 20250-9410
14 MAIN STREET, CATTARAUGUS, NY 14719
PHONE: 716-257-3661 * FAX: 716-257-3270 * TTY: 1-800-662-1220