CITY OF NEWBURGH

WATER DEPARTMENT
NEWBURGH, NEW YORK 12550
(845)565-3356

JEFFREY WYNANS
SUPERINTENDENT OF WATER

CORPORATION TAP REQUEST

Date of Application:_____

Requested date of Tap_____Time:_____Tap Size_____

Owner:_____

Property Address:_____

Account No._____

Contractors:_____Plumber:_____

Address:_____Address_____

Phone:_____Phone_____

Signature:_____

****

Location Diagram:

****

Start Time_____Finish Time_____

Employee(s)_____

Signature:_____Title_____

****In the event that a new tap is needed, please be advised that a new tap will not be done until the old tap is terminated****