

Town of Bennington  
905 Old Allegheny Road  
Attica, NY 14011  
(585) 591-2157

**Application for Water Service**

Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby petition the Town of Bennington for a water service at \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Are you the owner of the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not the owners please provide name and address of owner.

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Is the bill to be sent to address above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not where should the bill be sent?

Name \_\_\_\_\_

Address \_\_\_\_\_

Is this a new service or a transfer? \_\_\_\_\_

THE PETITIONER FURTHER STATES THAT ALL TAP IN CHARGES, METER RENTAL AND THE METERED WATER WILL BE PAID BY THE OWNER OF THE PREMISES LOCATED ABOVE.

IT IS ALSO UNDERSTOOD THAT BY MAKING THIS APPLICATION ALL THE RULES AND REGULATIONS OF THE TOWN OF BENNINGTON WATER DISTRICTS ARE HEREBY AGREED TO AND THAT AT THE TIME OF THIS APPLICATION THE APPLICANT WAS GIVEN A COPY OF THE CONNECTION INSTRUCTIONS AND WATER USE LAWS.

ALSO BEFORE COMMENCING OF THE WATER LINE INSTALLATION THE PETITIONER AGREES TO CONTACT THE TOWN OF BENNINGTON WATER SUPERINTENDENT AT (585) 591-2157.

\_\_\_\_\_  
Signature

*NAME of Contractor -*  
*Ph. # of Contractor -*

Meter # \_\_\_\_\_

Tap in required \_\_\_\_\_ Yes \_\_\_\_\_ No

Amount paid \$ \_\_\_\_\_

Meter pit required \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Certificate of insurance required showing that contractor (if applicable) has (1) One million dollars liability/workers comp. coverage. If homeowner doing the work, must have \$300,000 in liability coverage. Must also name the Tn. of Bennington as additional insured on this certificate.