

**WATER / SEWER SERVICE APPLICATION  
VILLAGE OF CATTARAUGUS**

Date of Request: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Requested:     Turn On             Shut off → Final Meter Reading \_\_\_\_\_

***Resident Information***

Resident Name _____
Service Address _____
Mailing Address (if different) _____
Daytime Telephone No. _____ Email Address _____

***Additional Information***

Date Service is to start/stop _____
Are you moving from another Village of Cattaraugus address or in the last few years have you had another account with the Village of Cattaraugus? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please provide the address or account number _____
_____
If you are buying this property, when is the closing date: _____

***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.
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***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 water service at _____ be shut off. I understand that the Village of Cattaraugus reserves the right to read the meter(s) for a final bill within a one-week period from the date of the notification to terminate.
_____ 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**  
WHITE - OFFICE COPY    YELLOW - DPW COPY    PINK - CUSTOMER COPY