

TOWN OF CAYUGA  
WATER & SEWER Utilities APPLICATION

Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Date Service Required \_\_\_\_\_

Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Service Address If Different \_\_\_\_\_

Rent \_\_\_\_\_ Own \_\_\_\_\_ Mortgage \_\_\_\_\_ Contract \_\_\_\_\_

Landlord (Name, Address & Phone #) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address & Phone # \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_

Phone # \_\_\_\_\_

Name, Address & Phone # of Relative not at Same Address \_\_\_\_\_

Drivers License number and copy: \_\_\_\_\_ Copied by: \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements, herein, I am subject to such penalties as may be prescribed by law or ordinance.

Signature \_\_\_\_\_

Received copy of Ordinance/INT. \_\_\_\_\_