

THE TORRINGTON WATER COMPANY
WATER SERVICE AVAILABILITY INQUIRY
AND APPLICATION FOR WATER SERVICE

Date: _____

Address of Property: _____

If for one single family house describe location – on _____ side of
_____ street between existing houses # _____ and # _____.

If for anything other than one single family house provide copy of Assessors map
or preliminary site plan.

Property Owner's Name:

Mailing Address:

Telephone Number:

Service to be provided for:

_____ One single family home

_____ One duplex house

_____ Condominiums

_____ Commercial building

_____ Industrial building

_____ Private Fire Service

Signature of owner: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Does Main Exist at location _____ yes size of main _____
_____ no – extension required

Static Pressure at site: _____

Account Number: _____

Private Fire Acct Number: _____

Meter Size: _____

Backflow Acct Number: _____

Service Size: _____

Application Approved by: _____ Date: _____

Company reply of availability or approval of service _____

Comments: