



TOWN OF DOVER WATER COMMISSION

100 Princeton Avenue, Dover NJ 07801
Phone: (973) 366-1221 Fax: (973) 366-7599

APPLICATION FOR WATER SERVICE CONNECTION

FOR WATER DEPARTMENT USE ONLY

Application No.: _____

Date Filed: _____

Connection Fee Received By: _____

Date: _____

Approved Denied

By: _____

Title: _____

Date: _____

Signature: _____

New Water Service Connection

Corresponding Water Reservation Number, attach copy: _____

Renewed Water Service Connection

Domestic

Fire Line

Size: _____

Tap: _____

PROPERTY LOCATION

Street Address: _____

Municipality: _____

Block(s): _____

Lot(s): _____

Description of Existing Use _____

APPLICANT

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Fax Number: _____

PROPERTY OWNER

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Fax Number: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Plumber Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

CERTIFICATIONS

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I certify that I agree to follow the Rules and Regulations adopted by the Town of Dover Board of Water Commissioners regarding the Construction of Water System Facilities.

WATER SERVICE CONNECTION (cont.)

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

Applicant: _____
(Printed Name) (Signature of Applicant)

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by this application, the representations made and the decision in the same manner as if I were the applicant. I further certify that I am the individual Owner or that I am an Officer of the Corporate Owner and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership Owner.(If the applicant is a corporation this must be signed by an authorized corporate officer. I certify that I agree to follow the Rules and Regulations adopted by the Town of Dover Board of Water Commissioners regarding the Construction of Water System Facilities.

(If the applicant is a partnership, this must be signed by a general partner.)

Owner: _____
(Printed Name) (Signature of Owner)