



Town of Guilderland, New York
Department of Water and Wastewater Management
 Superintendent: William West

6011 State Farm Road
 Guilderland, New York 12084

Phone: (518) 456-6474
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GUILDERLAND SEWER DISTRICT
APPLICATION FOR SERVICE CONNECTION

SEWER

TO BE COMPLETED BY APPLICANT

Property Location of Proposed Construction: _____

Owner Information

Contractor Information

Name: _____
 Address: _____

 Phone: (____) ____ - _____

Name: _____
 Address: _____

 Phone: (____) ____ - _____

Existing Use: _____

Intended Construction: _____

Connection Size Proposed: _____ New Construction: Dwelling – Distance From Road _____ FT

Insurance Carrier: _____ Policy Number: _____

The applicant/agent agrees to the conditions set forth in the Sewer Districts local laws governing the connection and use of said utilities.

Dated: ____ / ____ / 20____ _____
 Signature of Owner, Applicant or Agent

TO BE COMPLETED BY WATER AND SEWER DISTRICT OFFICE

Fees

Commercial: _____
 Residential: _____
 Inspection: _____
 Tap: _____
 *Mitigation Fee: _____
***Please write separate check for
 Mitigation Fees**
 Total Amount: _____

Parcel Identification Number: _____

Permit Required	Yes	No
Plans Required	Yes	No
Plans Approved	Yes	No
Road Cut Permit	Yes	No

Dated: ____ / ____ / 20____ _____
 Superintendent, Dept. of Water and Wastewater