



TOWN OF YORK

2668 Main Street * P.O. Box 187 * York, New York 14592
Tel: (585) 243-3128 * Fax: (585) 243-4618 * TTY NY: (800) 662-1220

**TOWN OF YORK
SEWER DISTRICT**

Tap Applications

Name of Owner: _____

Address: _____

I hereby make the request to tap the **SEWER DISTRICT** line at _____
Number Street

I further certify that I will abide by the rules and regulations of the **SEWER DISTRICT**.

Dated: _____
Owner

**** A check for \$1,500.00 must accompany this application.**

For Town Use:

Received _____, 20____

Approved _____, 20____
by Resolution adopted by the Town Board.

By: _____

Title: _____