



New Philadelphia Water Department
150 East High Avenue, Suite 015
Phone: 330-364-4491 Ext: 507

CITY OF NEW PHILADELPHIA WATER DEPARTMENT

Questionnaire

Questionnaire must be filled out and returned to the Water Department before service will be considered.

Premise Address: _____

Owner: _____ Phone: _____

Billing Address: _____

Applicant: _____ Phone: _____

Designer: _____ Phone: _____

TYPE OF SERVICE

Residential _____ Commercial _____ Residential & Commercial _____

Fire _____ Combined Fire & Domestic _____ Dual Fire & Domestic _____

Any other water source: Yes _____ No _____ If yes, what: _____

Any existing N.P.W.S.: Yes _____ No _____ If yes, what: _____

An Equal Opportunity Employer

DOMESTIC

Type of premise: Single Family _____ Duplex _____ Other, what: _____

Service size requested: _____

Sprinkler heads supplied from domestic: Yes _____ No _____

Lawn Hydrants: Yes _____ No _____

Type of Heating: _____

Lawn sprinkler system: Yes _____ No _____

Swimming Pool (with direct piping): Yes _____ No _____

Whirlpool or Jacuzzi (with direct piping): Yes _____ No _____

Garbage disposal (with direct piping): Yes _____ No _____

Dishwasher: Residential _____ Commercial _____

Pump used for cold water: Yes _____ No _____

Water Storage Tank: Yes _____ No _____ Covered _____ Uncovered _____

Any additional information: _____

FIRE PROTECTION

Size of service requested: _____

Type of System: Dry Sprinkler _____ Wet Sprinkler _____ Dry Riser _____

Wet Riser _____ Hose Cabinets _____ Anti-Freeze Legs _____

Yard Fire Hydrants: Yes _____ No _____

If yes, type and capacity in gallons: _____

Auxiliary Water Storage: Yes ____ No ____ If yes, type and capacity in gallons: _____

Auxiliary Water Storage Covered: Yes _____ No _____

Any additional information: _____

To be signed by person making APPLICATION FOR WATER SERVICE AND/OR METER

I hereby certify that I am acting as agent for or I am the owner of the premises listed, and that all information furnished is complete and correct. Any incomplete or incorrect information may result in additional or different requirements.

Signature of Applicant: _____

Company: _____

Date: _____