City of Chicopee
Water Department
115 Baskin Drive
Chicopee, MA, 01020
Phone: 413-594-3420
Fax: 413-594-3461

Residential/Commercial Water Service Application Form

James Deni Jr.
Water Department Superintendent

Applicant Information:

_____
Print Name

_____
Company Name

_____ _____
Office Phone Number **Cell Phone Number**

_____
Billing Address

_____
City, State **Zip**

If applicant is not owner, please submit Owner's Authorization Letter.

Nature of Work: (Check All That Apply)

☐ New Service ☐ Replacement Service

☐ Domestic Service ☐ Fire Service

Size of Water Service(s):

Applicant/Developer's design engineer to determine service size. New combined domestic and fire suppression services are not allowed. ¾" Services are only allowed for repairs.

Domestic:

☐ 1" ☐ 1.5" ☐ 2" ☐ 4" ☐ 6" ☐ 8" ☐ 10" ☐ 12"

Fire:

☐ 1" ☐ 1.5" ☐ 2" ☐ 4" ☐ 6" ☐ 8" ☐ 10" ☐ 12"

Services larger than 1" Contractor Must Receive Water Service Construction Checklist Upon Submittal of this Form.

Owner Information: ☐ Check If Same as Above

_____
Print Name

_____
Phone Number

_____
Billing Address

_____
City, State **Zip**

Location of Work:

_____
Address/Parcel Number

Construction Work to Be Performed By:

_____
Contractor Foreman Name

_____
Company Name

_____ _____
Office Phone Number **Cell Phone Number**

_____ _____
Dig Safe Number **Date Notified**

It is the responsibility of the service installer to secure all required Street Occupancy Permits via Engineering Dept. and follow Water Service Construction Checklist for Water Projects.

The undersigned hereby makes application for service from the Chicopee Water Department at the herein named premises. The undersigned will assume all expenses of the tap, pipe, and other appurtenances in accordance with the schedule of rates and charges as adopted by the Chicopee Board of Water Commissioners. Water use and supply are subject at all times to the rules and regulations established by the Chicopee Board of Water Commissioners.

_____ _____
Applicant's Signature **Date**

Office Use Only

Application Received By:_____ _____
Employee Name/Signature **Date**