TOWN OF YORK
2668 Main Street, P O Box 187, York, NY 14592
Tel: (585) 243-3128 Fax: (585) 243-4618
TTY NY: (800) 662-1220
www.yorkny.org

Town of York – Sewer District

Sewer Tap Application

Owner Name:_____ Address:_____

Phone:_____ Email address:_____

To the York Town Board:

I hereby apply for permission to tap into the Town of York Sewer District Line on my premises located at:_____.

Said Sewer line subject to the Laws, Ordinances, Rules and Regulations of the York Town Board, now in force or which may hereafter be enacted or adopted for the government and regulations by the said York Town Board. All laws and ordinances, rules and regulations are hereby made and declared to be contract between me and the district for the sewer line service.

I further certify that I will abide by the rules and regulations of the sewer district located on the Town website at: **https://www.yorkny.gov/sewer-tap-regulations**

_____

Owner signature & Date

For Town Use:

Fee $1,500.00 due with application

Received on:_____ **Resolution adopted by the Town Board**

Payment Method:_____ **Approved on:**_____

Received by:_____