



TOWN OF HARTLAND

Highway and Water Departments

8940 Ridge Road, Gasport, NY 14067
Phone: (716) 735-7234 Fax: (716) 735-7561
Email: JanetSlack@townofhartlandny.us

Keith E. Hurtgam, Highway & Water Superintendent

Application for Hydrant Use

Applicant Name: _____
Billing Address: _____
City, State, ZIP _____

Home Phone: _____
Cell Phone: _____
Email Address: _____

Hydrant Location: _____
Install Date (approx.): _____
Removal Date (approx): _____

Water will be used for: (choose ONE) ____ Irrigation or ____ Non-Irrigation

I, _____, do hereby apply to the Town of Hartland Water District for water service from a hydrant. I agree to abide by all the rules and rates set forth in the *Water Code of the Town of Hartland* and the *Hartland Water Fee and Rate Schedule*.

_____ Date _____ Signature of Applicant

----- FOR OFFICE USE ONLY -----

Customer # _____ Customer Type _____ Cycle Date _____
Water Rate _____ Meter Type _____ Meter Size _____
Serial ID _____ Register ID _____ MXU ID _____
Install Date _____ Removal Date _____

Comments: _____

