



24 Analomink Street, East Stroudsburg PA 18301

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APPLICATION FOR TEMPORARY SUPPLY OF WATER/TEMPORARY WATER SERVICE

Name of Applicant: _____ Phone: _____

Address: _____

Proposed use of temporary water service: _____

Location of hydrant for temporary service: _____

Temporary service requested for: Date: _____ Time: _____

To be terminated on: Date: _____ Time: _____

Anticipated Water Use: _____ Gallons _____ KL

Contact Person Name: _____ Phone: _____

Signature: _____ Date: _____

FOR BOROUGH USE ONLY

Application Fee/Minimum Charge Received: \$ _____ Date: _____

Request for Temporary Water Service: _____ Approved _____ Denied

_____ Date: _____

Director of Public Works

_____ Date: _____

Borough Manager

Reason for Denial: _____

Additional Charge for actual water billed \$ _____ Date: _____

Kiloliters water used _____ From _____ To _____

Amount of Additional Charge Paid \$ _____ Date: _____