

**APPLICATION FOR WATER SERVICE
BOROUGH OF EAST STROUDSBURG
24 ANALOMINK STREET
EAST STROUDSBURG, PA 18301**

PHONE: 570-421-8300

Fax: 570-421-5575

www.eaststroudsburgboro.org

DATE _____

APPLICATION # _____

OWNER NAME

--

PROJECT/BUSINESS NAME

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SERVICE ADDRESS

Street	Unit or Apartment #
City	

MAILING ADDRESS (If different from Service Address)

Street		
City	State	Zip Code

Please check box if contact information is the same as listed above.

If contact information is different please complete below.

Contact Name _____

Contact Telephone Number _____

Contact E-mail _____

Property Type

Domestic Residential _____ Single Family _____ Duplex _____
Apartment Complex _____ Condominium _____
Commercial _____ **Mixed Use** _____ **Fire** _____
Industrial _____ **Number of Units** _____ **Irrigation** _____

Usage

For any type of property use other than single family residential, anticipated daily usage is required.

Gallons Per Day (GPD) _____ EDUs* _____ Meter Size _____

3/27/2025

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* A Water Equivalent Dwelling Unit (EDU) for Non-Residential Customers is equal to 157.3 gallons per day (GPD) of average water usage. EDUs are rounded to the nearest tenth.

Tapping Fees \$ _____
Connection Fees \$ _____
Late Fees \$ _____

Total Cost \$ _____
Deposit \$ _____
Balance Owed \$ _____

If extra work is required to initiate service not covered by the Application for Service Fee, it will be the owner's responsibility. In those cases the Owner agrees to pay the Borough of East Stroudsburg for the extra services or if necessary hire a private plumber to make necessary changes.

WATER SERVICE WILL NOT BE TURNED ON UNTIL ALL FEES ARE PAID IN FULL

Property Owner _____ Date _____
Or Authorized Representative Signature

In signing this application for service, the Property Owner agrees to abide by all Rules and Regulations of Chapter 154 – Water of the Borough Code in effect at the time the application is made, and by other such Rules and Regulations as may be promulgated from time to time by the Borough.

RETURN the signed form to Lee.Phillips@EastStroudsburgboro.org,
Layla.rau@eaststroudsburgboro.org, and admin@pa-codes.com.

For Office Use

Service Start Date _____ Account Number _____
Meter Size _____ Meter Manufacturer _____
Meter # _____ ERT # _____
Starting Reading Date _____ Reading Check Date _____
Reading _____ Reading _____
Meter Location _____ ERT Location _____
Account to be sequenced next to this property address _____
EDUs Established _____ Initial EBUs Established _____
Reviewed By _____