



# TOWN OF JAY

## Department of Water and Wastewater

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### RESIDENT'S CHANGE REQUEST FOR SEWER OR WATER

Property Owner Name: \_\_\_\_\_ Name if Different From Owner: \_\_\_\_\_  
(ie. caretaker/other)

Mailing Address: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Address (if different): \_\_\_\_\_

Hamlet Location (check one):  Au Sable  Jay  Upper Jay

**The Property Owner or Authorized Person MUST be at the Residence When the Water is Turned ON**

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

#### PLEASE CHECK APPLICABLE REQUEST:

- Water:** \_\_\_\_ Turned **ON** \_\_\_\_ Turned **OFF** (check if seasonal \_\_\_\_)  
(Service Fee of \$40.00 applies to the above)
- UDIG Ticket#: \_\_\_\_\_  
\_\_\_\_ TAP service line (application)  
(Water turn on included in fee)
- \_\_\_\_ Emergency Repair Needed (Date off: \_\_\_\_\_ Date back on: \_\_\_\_\_) \_\_\_\_ Stop Service
- Sewer:** \_\_\_\_ New Service Connection (town system) \_\_\_\_ Stop Service

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#### DPW OFFICE USE ONLY

Operator Who Completed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Property Tax ID: \_\_\_\_\_ District:  W1  W2  W3

Service Charge Collected:  Yes \$\_\_\_\_  No (Form of payment:  Cash  Check (check/receipt # \_\_\_\_\_)

Information Submitted to the Water/Sewer Biller on: \_\_\_\_\_  Interoffice  Email  Faxed

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_