EDISON WATER
NEW SERVICE APPLICATION

★ I AM APPLYING FOR:
☐ Domestic Service
☐ Fire Service
☐ Irrigation Service

★ SERVICE LOCATION:
Street Address____________________________________ Town ______________________
County______________________ Block________ Lot________
Property is situated between streets__________________________ &________________
Please sketch your preferred service location on diagram below:

★★ APPLICANT INFORMATION:
Name___________________________________________ Town____________________
Address________________________________________ Town____________________
Phone_________________________ Cell____________________ Fax____________________

★★ BILLING INFORMATION (party responsible for bill):
Name___________________________________________ Town____________________
Address________________________________________ Town____________________
Phone_________________________ Cell____________________ Fax____________________
Email__________________________

★★ BUILDING OWNER INFORMATION (if different from billing information):
Name___________________________________________ Town____________________
Address________________________________________ Town____________________
Phone_________________________ Cell____________________ Fax____________________
Email__________________________

★ THIS PROPERTY IS:
☐ New construction
☐ Existing building
☐ Subdivision
☐ Demolition
☐ Vacant Land
☐ Currently using well water

★ USE OF SERVICE:
☐ Single Family
☐ Multi-Family (2 - 4 units)
☐ Apartments (5 unit and up)
☐ Total # Bedrooms________
☐ Total # Bathrooms________
☐ Other (describe)____________________
☐ Commercial
☐ Irrigation only

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★ COMPLETE FOR DOMESTIC WATER SERVICE
(Provide NJAW Demand Worksheet and NJAW Fixture Count Data Sheet for service greater than 1 inch)

Is there an existing domestic service at the property?  □ Yes  □ No
If yes, do you want to:  □ Replace/Upgrade the existing service □ Add a new service (keep the existing service)
What size meter are you requesting? ___________ (Standard single-family is 5/8" meter, approximately 20 GPM)
What is your GPM requirement if greater than 20 GPM? ________________________________

★ COMPLETE FOR FIRE SERVICE
Is there an existing fire service at the property?  □ Yes  □ No
If yes, do you want to:  □ Replace/Upgrade the existing service □ Add a new service (keep the existing service)
What size fire service are you requesting?
Number of buildings ___________ Building use ___________ Type of construction ___________
Number of sprinkler heads ___________ Number of hydrants ___________ Number of Fire Dept. connections ___________
Wet or Dry system ___________ Type of backflow device (name/model) ___________
Fire Sprinkler plans must be submitted/reviewed by the local fire official, who should sign here that they have seen plans:
Print name__________________________ Title _______________________
Signature ________________________ Date ________________________

★ COMPLETE FOR IRRIGATION SERVICE
What size meter are you requesting? ___________ What is your GPM requirement? __________________________

★ COMPLETE FOR SEWER SERVICE
Is there an existing sewer service at the property?  □ Yes  □ No
If yes, do you want to:  □ Replace/Upgrade the existing service □ Add a new service (keep the existing service)

★ APPLICANT, PLEASE COMPLETE AND SIGN BELOW:
□ I understand that these services are subject to the rates and conditions of the Water Company.
□ I understand that I will be billed for water usage on fire services for purposes other than fire extinguishment or testing
   and that it is encouraged that customers notify the water company after the fire service is used for such purposes.
□ I understand that water distribution system pressure varies throughout the state and that it is the applicant's and/or
   their agent's responsibility to inquire as to the maximum system pressure they will be connecting to and to ensure their
   plumbing system is in compliance with all applicable code requirements.
□ I understand that a Backflow Device is required for domestic services on commercial accounts and for all fire services.
□ Existing well, if any, will be physically removed.

Print name__________________________ Title _______________________
Signature ________________________ Date ________________________