



Village of Stamford

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SEWER UNIT ADDITION or REMOVAL REQUEST

RESIDENCE NAME: _____

PHONE NUMBER: _____

ADDRESS OF SEWER UNIT: _____

DATE OF ADDITION OR REMOVAL REQUEST: _____

UPON COMPLETION OF SEWER UNIT ADDITION OR REMOVAL FORM, THE CHANGE IN THE SEWER UNIT WILL NEED TO BE APPROVED BY THE VILLAGE OF STAMFORD WATER/SEWER COMMITTEE BEFORE IT CAN BE REVISED IN THE WATER/SEWER PROGRAM.

DPW SUPERINTENDENT/DATE

CODE ENFORCEMENT OFFICER/DATE

APPROVED/NOT APPROVED- BY WATER/SEWER COMMITTEE

DATE