Town of Bethel
Smallwood Water District

Email: *Smallwoodwater@townofbethelny.gov* ***Service & Maintenance Phone:*** *(845) 583-4211*
Address: *P.O. Box 82, Smallwood, NY 12778* ***Billing Phone:*** *(845) 583-4350 ext:113*

APPLICATION FOR WATER SERVICE

Name: _____
First Last
SBL # _____

Property Location: _____

The undersigned, being the owner of the premises noted above, requests the TOWN of Bethel, Smallwood Water District to supply water at that property. The undersigned hereby agrees to pay the annual rates and comply with all rules and regulations of the Smallwood Water District. All information is available on the Town of Bethel website, https://townofbethelny.gov/smallwood-water-district.
The undersigned further agrees to give prompt written notice to discontinue water service. It being understood that failure to do so will result in the Undersigned being liable for all water charges until written notice is received.
Late fees of 4.4% will be applied each month to any outstanding balance. All outstanding balances as of November 1st will be re-levied to your January Town/County Tax bill.

Rates are for the season or any part thereof.

Requested Service	Requested Start Date: / /
	Basic Services
	Residential dwelling
	Residential dwelling with 1 hose
	Residential dwelling with 2 hoses
	Residential hose ONLY
	Additional Services
	Residential Swimming Pool
	Residential Lg Swimming Pool & Hose
	Tap/Restoration Charge

Please sign and return to the Smallwood Water District Customer Service Team promptly.

Signature: _____ Date: _____

Date: Mailing Address _____

_____

Phone: _____

NYS Public Service Commission: (800) 342-3377