



CITY OF SARATOGA SPRINGS

UTILITIES DEPARTMENT
Department of Public Works
474 Broadway-RM 12
Saratoga Springs, New York 12866

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JUMPER BAR APPLICATION

DATE: _____ DATE OF WORK TO BE DONE: _____

TAX MAP NO.: _____

JUMPER BAR SIZE (PLEASE CHECK ONE): _____ 5/8" _____ 3/4" _____ 1"

PLUMBER/CONTRACTOR:

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT NUMBER: _____

OWNER(S):

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT NUMBER: _____

The City of Saratoga Springs requires a Water Service Connection Agreement be on file prior to issuance of a jumper bar for meter installation. Water Service Connection Agreement can be found on the City Website

-Contact Mark Scirocco at 518-365-6876 when you are ready for Meter Installation-

OFFICE USE ONLY:

Date Office Received: _____

Connection Agreement: _____

Date Agreement Approved: _____

Date Sent to Field Staff: _____