COUNTY OF SUFFOLK



DEPARTMENT OF PUBLIC WORKS GILBERT ANDERSON, P.E.

COMMISSIONER

Letter of Sewer Availability (LoSA)

Notice:

In order to request a Letter of Sewer Availability (LoSA) the following information must

be provided:	valiability (LOSA) the following information must
	Date:
Name:	Company:
Address:	Telephone No.:
	Email Address:
SCTM No	
(example: for parcel 1 = 0200-17500-0500- <u>00.</u>	<u> 1000</u> or for parcel 1.1 = 0200-17500-0500- <u>001001</u>)
Address of parcel (or general locat	ion if address is not available)
	SCDHS No
Once the request has been processed,	the LoSA will be sent to you via email.
If you have any questions or require please contact me at 631-852-4187.	e additional information concerning this matter,
Sincerely,	
haiz a. Elatt	
Craig A Platt	
Secretary, SC Sewer Agency	
craig.platt@suffolkcountyny.gov	
CAP/sog	

SUFFOLK COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Cc:

Janice McGovern, P.E.

LOSA Request Form 1-30-12