



Village of Watkins Glen

Account #:
Date Received: _____
Received By: _____

Utility Application Form

Applicants Name: _____
Service Address: _____
Billing Address: _____

Connection of New Service Only (check all that apply): Renter: or Owner:

Electric: Security Lighting: Water: Sewer: Effective Date: _____

- Are you or a resident physically disabled or mentally incapacitated? (Including: blindness, infirmity, or limited mobility? Yes: No:
- Is there use of any life support systems in this home? (Such as: dialysis, oxygen, or apnea? Yes: No:
- Are there any factual circumstances indicating any other serious or hazardous situations that would be affected by a prolonged power outage? Yes: No:
- Other names you have gone by? (Including former or maiden): _____
- Name of spouse and/or other adult(s) occupants: _____
- Ages of children living at this address: _____

Phone: _____ Email: _____
Social Security Number: _____ Driver's License Number: _____
Employer: _____ Phone Number: _____
Emergency Contact: _____
Address: _____ Phone: _____

If there are any changes in the above customer information it is the applicant's responsibility to contact the Village of Watkins Glen Office as soon as possible.

Disconnection of Service Only (check all that apply): Renter: or Owner:

Electric: Security Lighting: Water: Sewer: Effective Date: _____

Forwarding Address: _____

The undersigned hereby applies to have the above utility services and hereby agrees to observe all regulations set forth by the Trustees of the Village of Watkins Glen relative to the use of said utilities and to pay the established rates thereof. It is understood that in cases where a security deposit is required, no service will be connected or transferred until the full deposit fee is paid. It is further understood that the applicant assumes responsibility for bills rendered for said services commencing with the effective date of this application and continuing in force until submission of a signed termination notice, at which time responsibility will cease upon the effective date of termination.

Applicant Signature: _____ **Date:** _____

For Office Use Only

Transfer Fee: _____

Amount: _____

Proof of Ownership or Tenancy: _____

Request completed on: _____