

**VILLAGE OF WATKINS GLEN**

303 N. Franklin St.

Watkins Glen, New York 14891

(607) 535-2736/Fax (607) 535-7621

APPLICANTS NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

The undersigned hereby applies to have the following 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.

Electric \_\_\_\_\_ Security Lighting \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_

Connected: \_\_\_\_\_ Discontinued: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

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, apnea or iron lung? Yes \_\_\_ No \_\_\_

Are there any factual circumstances indicating any other serious or hazardous situations that would be effected by a prolonged power outage? Yes \_\_\_ No \_\_\_

Any other names you have gone by? (former/ maiden): \_\_\_\_\_

Name of spouse and/or other adult(s) occupants: \_\_\_\_\_

Ages of children living in this residence: \_\_\_\_\_

Applicant's social security Number \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact (nearest relative/friend): \_\_\_\_\_

Street: \_\_\_\_\_

City \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**If there are any changes in the above customer information it is the applicant's responsibility to contact the Village of Watkins Glen to update this application.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Transfer Fee: \_\_\_\_\_ Amount: \_\_\_\_\_

Proof of Ownership or Tenancy \_\_\_\_\_ Request card completed by: \_\_\_\_\_