

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: _____