



Village of Watkins Glen

Account #:   
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

### Utility Application Form

Applicants Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_

**I am moving IN and I am the:** Renter:  or Owner:  **Effective Date:** \_\_\_\_\_

Electric:  Water:  Sewer:  Security Lighting:

- 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.

**I am moving OUT and I am the:** Renter:  or Owner:  **Effective Date:** \_\_\_\_\_

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

The undersigned hereby applies to have the above utility services and 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 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: \_\_\_\_\_

Prior Unpaid Bills: \_\_\_\_\_

Proof of Ownership or Tenancy: \_\_\_\_\_

Work Order Done: \_\_\_\_\_

Welcome Packet \_\_\_\_\_