

VILLAGE OF ILION
APPLICATION FOR ELECTRIC SERVICE

The undersigned (Name) _____ hereby referred to as "Customer", requests electric service at the following premises:

Address of Service: _____
If Apartment, Apartment Number: _____ Floor Apartment is on: _____

Are you the Owner of the above stated property? Yes or No (Circle One)
If you are not the owner, list owner's name _____

Effective Service Date: _____ Note: We **Do Not** do same day service or on weekends

Billing Address (if different from above):

Name: _____

Address: _____

For Residential or Commercial Use? (Circle One)

Are you 62 years of age or older? Yes or No (Circle One)

Are you heating with Electric? Yes or No (Circle One)

Are you receiving: Public Assistance? Yes or No (Circle One)

Supplementary Security Income (SSI)? Yes or No (Circle One)

Any additional State benefits? Yes or No (Circle One) Describe _____

Customer understands that service will be furnished by the Utility in accordance with its rules and regulations and general rates on file with the NYS Public Service Commission, and agree to take and pay for services in accordance therewith. Customers further understands that it is his or her responsibility to notify the utility in person, at the office, if customer wishes to discontinue electric service at the above address and customer will assume all liabilities as they pertain to electric service until the disconnect date and a disconnect notice is properly signed and submitted.

Has customer ever received electric service from Ilion? Yes or No (Circle One)

If yes, Date of Service From _____ To _____

Under the name of (former/maiden): _____

Address: _____

Name of last utility to provide electric service to customer: _____

It is the policy of the Utility Department not to grant electric service to a past customer if said customer owes a balance from a previous account. Electric service will be granted only when past due accounts are paid in full.

Customer has carefully read and fully understands the foregoing and understands that service will be disconnected without notice if the information provided in this application for service is false.

PHOTO I.D. MUST BE PROVIDED

Social Security Number: _____ Phone Number: _____

Signature

Today's Date

Signature (if joint account holders)

Office Use Only: Deposit Required? No _____ Exemption _____ Yes _____ Amount \$ _____