

Village of Ilion Light Department

Landlord Request

Please leave service on in Landlord's Name when tenant requests electrical service to be discontinued at this address:

Landlord's Name: _____

OR: Landlord requests service connected _____ or disconnected _____ on _____
at this address:

Mail bills to this address: _____

Landlord's Phone Number: _____

Date of Request: _____

Request made by phone: _____ In person: _____