

**VILLAGE OF AKRON
21 MAIN STREET
AKRON, NY 14001**

APPLICATION FOR UTILITY SERVICE

APPLICANT'S NAME _____

ADDRESS OF SERVICE _____

BILLING ADDRESS _____

SERVICE REQUESTED () ELECTRIC () WATER

PLEASE COMPLETE THE FOLLOWING:

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 health situations that would be effected by a prolonged power outage? Yes____ No____

Any other name you have gone by (former/maiden): _____

Name of spouse and/or other adult occupants: _____

Employer _____

Applicant's Social Security Number _____ Applicant's Phone # _____

Email _____ Cell Phone# _____

Have you ever resided in the Village of Akron? Yes____ No____

Date to begin Utility Service _____

I, _____, request utility service, (Electric and/or Water) at the above location. I fully understand that the service being supplied by Village of Akron, under its rules, regulations and general schedules as filed periodically with the New York Power Authority and available for inspection at the office of the Village Clerk-Treasurer's Office. Said service is to be paid for by the undersigned in accordance with the service applicable. Furthermore, all uncollected accounts will be turned over to a collection agency. All fees associated with the collection of uncollectible accounts will be the responsibility of the applicant.

Signature of Applicant

Date

Deposit required: Yes____ No____ Amount of Deposit \$ _____ Receipt # _____

Date of Deposit _____