

**VILLAGE OF HAMILTON  
MUNICIPAL UTILITIES COMMISSION**

PO Box 119, 3 Broad Street  
Hamilton, New York 13346  
Telephone: 315-824-1111  
Fax: 315-824-0922  
www.hamilton-ny.gov

**APPLICATION FOR UTILITY SERVICE**

The Village of Hamilton Municipal Utilities Commission is hereby requested to furnish the undersigned with (whatever applies) gas, electric, water, and sewer. Such service(s) are to be supplied by the Commission under the rules and regulations as filed with the Public Service Commission and available for inspection at the Village Office. The undersigned agrees to pay for services in accordance with applicable service classifications.

The applicant also understands and acknowledges that this application is in fact a credit application. As such it must be completely and accurately filled out and signed. The applicant is responsible for timely payments of all bills to the Commission, and to see that any change to the information given below is reported to the Commission office. The applicant is responsible for advising the Commission office in advance if he/she is leaving the premises. Failure to notify does not excuse responsibility for subsequent service bills.

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Services Applying for: Gas  Electric  Water  Sewer

Name: \_\_\_\_\_ Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment # and location: \_\_\_\_\_

\_\_\_\_\_ Date Service is to Begin: \_\_\_\_\_

Telephone No -- Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Are you (check one)?  Residential Owner,  Residential Renter,  Commercial Owner,  Commercial Renter.

Name of Landlord \_\_\_\_\_

If you lease, what is the term of your lease? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_. If so, where? \_\_\_\_\_

Are you currently enrolled as a student? \_\_\_\_\_.

Date of birth: \_\_\_\_\_ Do you receive public assistance or SSI benefits? \_\_\_\_\_.

If so, please describe the benefit and give the address of the office you receive benefits from: \_\_\_\_\_

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Are there any of the following at the service address?	Dependent Children under 18 years of age:	Yes _____	No _____.
	A handicapped occupant:	Yes _____	No _____.
	A life support system:	Yes _____	No _____.
	An occupant 62 years of age or older:	Yes _____	No _____.
	Factual circumstances indicating any other serious or hazardous health situations that would be affected by a loss of service:	Yes _____	No _____.

Have you ever resided in the Village of Hamilton utility district before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what address? \_\_\_\_\_

Name and address of previous supplier of electricity, if any: \_\_\_\_\_

REMINDER: If this credit application is not filled out completely and accurately, service may be denied.

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**If you are a Colgate student, please furnish us with your home address and phone number for final bill/deposit refund mailings.**

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR OFFICE USE:**

Deposit required? Yes \_\_\_\_\_ No \_\_\_\_\_ . Amount of Deposit: \_\_\_\_\_ Date Paid \_\_\_\_\_

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**COMMENTS/NOTES**