

Form B. Form of Application for Non-Residential Service:

Hamilton Municipal Utilities Commission.  
PO Box 119  
Hamilton, NY 13347  
Village Office: (315) 824-1111

Application for Gas Service – Non-residential

General Information:

Along with this application is a brochure which describes your rights and responsibilities as a non-residential customer.

Customer Information: (to be completed by customer)

Date Filed: \_\_\_\_\_

Owner

Name of Customer \_\_\_\_\_  Occupant

Service Location

Telephone No. ( \_\_ ) \_\_\_\_\_ Alternate Telephone No. ( \_\_ ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Person Controlling Access to Meter (s): \_\_\_\_\_

Telephone No. ( \_\_ ) \_\_\_\_\_

The Utilities Commission requires the submission of the following documents to substantiate the information provided in the service application.

deed  lease  business certificate\*

other \*

The questions in the above section are designed to assist the Utilities Commission in placing you on the proper and the most beneficial service classification. The Utilities Commission may rely on this information on classifying your service.

The cost of service may be different under different service classifications. There are eligibility requirements for each service classification. A customer may be eligible for service under more than one classification and one may be more beneficial than another. The accompanying brochure describes the common non-residential service classifications in brief. The rate schedule which describes each service classification in detail may be examined in any Utilities Commission business office.

If you have any questions about your classification, you may discuss this with your customer service representative. If your use of service or your equipment changes in the future, you must notify the Utilities Commission of these changes to assure that you are being properly billed.

**WARNING:** If the information provided by you in this section is inaccurate or incomplete, you may be subject to backbilling on the correct service classification, or you may be precluded from receiving a refund for overcharges based on the correct service classification.

Specific nature of business:

\_\_\_\_\_ GAS: List all equipment and its  
 \_\_\_\_\_ rating:

DOES THIS ACCOUNT PROVIDE SERVICE FOR ANY TYPE OF RESIDENTIAL UNIT? ( ) Yes ( ) No

\_\_\_\_\_ If yes, please explain:  
 \_\_\_\_\_

Rate and Applicable Charges for Service:(To be completed by Utilities Commission)

Service Classification \_\_\_\_\_ Account No. \_\_\_\_\_  
 Amount of Deposit \$ \_\_\_\_\_ Deposit No. \_\_\_\_\_  
 Extension Minimum \_\_\_\_\_ Percent Tax Exempt \_\_\_\_\_  
 Estimated Usage \_\_\_\_\_

Hamilton Municipal Utilities Commission. is hereby requested to furnish the undersigned with gas service at the above address; such service is to be supplied by the Utilities Commission under its tariff rates, rules, and regulations on file with the New York State Public Service Commission, as may be revised from time to time and to be paid for by the undersigned in accordance with the applicable rate.

Response date: \_\_\_\_\_ Date of Responsibility: \_\_\_\_\_

Company Name: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Accepted by: \_\_\_\_\_

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Date:

Title:

Date: