

VILLAGE OF HAMILTON
MUNICIPAL UTILITIES COMMISSION

PO Box 119
3 Broad Street
Hamilton, New York 13346
Telephone: 315-824-1111
Fax: 315-824-0922

APPLICATION FOR UTILITY SERVICE

The Village of Hamilton Municipal Utilities Commission is hereby requested to furnish the undersigned with (whatever applies) 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.

Name: _____ Service Address: _____

Mailing Address: _____ Apartment # and location: _____

_____ Date Service is to Begin: _____

Telephone No -- Home: _____

Cell: _____

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: _____

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 power outage: 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.

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

Address _____

Phone _____

APPLICANT'S SIGNATURE: _____ Date: _____

FOR OFFICE USE:

Deposit required? Yes _____ No _____ . Amount of Deposit: _____ Date Paid _____

COMMENTS/NOTES