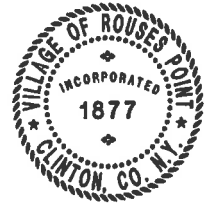




VILLAGE OF ROUSES POINT

MUNICIPAL WATER, SEWER & ELECTRIC SYSTEM

139 LAKE STREET
P.O. BOX 185
ROUSES POINT, N.Y. 12979-0185
TEL: (518) 297-5502
FAX: (518) 297-3818
Website: www.rousespointny.com



SERVICE APPLICATION FOR UTILITIES

**** A COPY OF APPLICANT'S DRIVER'S LICENSE WILL BE REQUIRED WITH EACH APPLICATION ****

LEGAL NAME: _____ DATE OF BIRTH: _____
(First, MI, Last)

SOCIAL SECURITY NO.: _____

SPOUSE'S NAME: _____ FORMER/MAIDEN NAME: _____

ADDRESS OF SERVICE: _____

BILLING ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

E-MAIL ADDRESS: _____

RENT OWN IF RENT - LANDLORD'S NAME: _____

The Village of Rouses Point reserves the right to require the lessee to provide a copy of the lease agreement prior to service application approval.

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____

LAST ADDRESS: _____

Any life support system in use or any other special needs? _____
(PHYSICAL LIMITATIONS OR HEALTH ISSUES)

SERVICE(S) REQUESTED: ELECTRIC WATER SEWER

The above Municipal is hereby requested to furnish the undersigned with utilities as indicated at the above address. Electric service to be supplied by the above Municipal under its rules, regulations and general schedules as filed from time to time with the New York Power Authority and New York State Public Service Commission available for inspection at the office of the Municipal Lighting Dept. and to be paid for by the undersigned in accordance with service classifications applicable.

APPLICANT'S SIGNATURE: _____

SERVICE BEGIN DATE: _____

DATE SIGNED: _____

OFFICE USE ONLY

Acct. No. _____

ERT No. _____

Meter No. _____

Meter Reading _____

Tax Map No. _____

Date Entered _____