VILLAGE OF ANGELICA ELECTRIC AND WATER
PO Box 158, Angelica NY 14709 – 585-466-7431 – fax 585-466-3103 – vangelica@stny.rr.com
Written Application for Residential and Commercial Service

Please Circle: **Residential** **Commercial**

Date of Application: _____ Effective Date of Service: _____
Last Name: _____ First Name: _____
Service Address: _____NY_____
Street City/Town State Zip
Mailing Address: (if different then service): _____
Street or PO Box City/Town State Zip

Driver's License#: _____ Social Security #: _____
Telephone Number: _____ Work Number: _____
Email Address: _____ EBill (please check one) ____ YES ____ NO
(Bill will be sent by email each month instead of mailed)

Please Check: ____ Own ____ Rent ____Lease (Number of Months _____)
Landlord Name: _____ Landlord Telephone: (_____)_____

Please indicate if any of the following apply to you:
Life Support Apparatus ____ Yes ____ No Public Assistance Recipient: ____ Yes ____ No
SSI Recipient: ____ Yes ____ No Disabled: ____ Yes ____ No

Employer: _____ Address: _____

Emergency Contact: _____ Telephone: : (_____)_____

I, _____ request electrical and or water service at the above location. I fully understand that the electrical service being supplied by the Village of Angelica, under its rules, regulations and general schedules of the Dept. of Public Service. Bills are payable net, the last day of each month. Interest added at 1.5% (2% Water) per month after that. I understand that service may be terminated on any account sixty (60) days past due.

Tenant agrees that the village can release electric and water billing information to Landlord in the event that Landlord issues a Notice to Terminate Tenancy file a Petition to Evict or if tenant is more than sixty (60) days delinquent in paying these obligations.

Customer Signature: _____ Date: _____

The Village of Angelica may require the applicant to provide a copy of a lease (if one exists), deed, bill of sale or other documentation to show the date the applicant became responsible for service.