

VILLAGE OF LITTLE VALLEY UTILITY SERVICE APPLICATION

Account No. \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_, do hereby apply with the Village of Little Valley for utility services

(Print Name)

as follows: \_\_\_\_\_ ELECTRIC \_\_\_\_\_ WATER \_\_\_\_\_ SEWER

for use upon premises located at \_\_\_\_\_

from the date written below and thereafter until cancelled by me. Services will be provided to me subject to all rules, regulations, and rates applicable as may be amended from time to time. Electric regulations will be approved by the NYS Public Service Commission and kept on file there as well as with the Village Clerk's Office where they will be subject to public inspection. I agree to observe, perform, and pay according to said regulations. Consent is hereby given to erect and maintain on the highway adjacent to or through my property all poles, wire, pipes, and apparatus connected with the services from which I am to be supplied and to trim the trees located on my property as the Village shall deem necessary for services from said line.

SS#/TIN #: \_\_\_\_\_ CUSTOMER: \_\_\_\_\_  
(Signature)

SS#/TIN#: \_\_\_\_\_ CUSTOMER: \_\_\_\_\_  
(Signature)

Mail Bills to: \_\_\_\_\_ (if different than above)

Telephone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

THIRD PARTY NOTIFICATION PERSON: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ (N/A if no landlord)

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:  
Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)  
White \_\_\_\_\_ Black or African American \_\_\_\_\_  
American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_