

Application for Electric & Water Service

The Mohawk Municipal Commission is hereby requested to furnish the undersigned with electrical/water service: such service to be supplied by the Utility under the rules and regulations as filed with the New York State Public Service Commission and available for inspection at the Mohawk Municipal Commission's Office. The undersigned agrees to pay for service in accordance with applicable service classifications.

Address of Service: _____

Billing Address: _____

Applicant's Name: _____

**** Please Complete the Following****

Are you or a resident physically disabled or mentally incapacitated, including blindness infirmity or limited mobility? _____ Yes _____ No

Is there use of any life support systems in the home, such as dialysis, oxygen or apnea? _____ Yes _____ No

Are there any factual circumstances indicating any other serious or hazardous health situations that would be effected by prolonged power outage? _____ Yes _____ No

Any other name you have gone by (former/maiden) _____

Name of spouse and/or other adult occupants _____

Ages of children living in this residence _____

Employer _____

Address _____ Telephone: _____

Emergency Contact (Nearest relative/friend) _____

Address _____

Applicant's Social Security Number _____

Telephone Phone _____

!!A Copy of Your Driver's License is Required!!

Applicant's Signature _____ Date _____

Service Begin Date _____ Account Number _____

Services Requested (Electric/Water)

Disconnection Date _____ Signature _____

Forwarding

Address _____