



**VILLAGE OF AKRON
21 MAIN STREET
AKRON, NY 14001**

APPLICATION FOR UTILITY SERVICE

APPLICANT'S NAME: _____

ADDRESS OF SERVICE: _____

BILLING ADDRESS: _____
(if different than Service Address)

Have you ever resided in the Village of Akron? Yes _____ No _____ Service Requested: () ELECTRIC () WATER

Is there use of any life support systems in this home, such as dialysis, oxygen, apnea or iron lung? Yes _____ No _____
****IF YES- A DOCTOR'S NOTE IS REQUIRED****

Are there any factual circumstances indicating any other serious or hazardous health situations that would be effected by a prolonged power outage? If Yes, please list: _____
****IF YES- A DOCTOR'S NOTE IS REQUIRED****

Does the home/apartment heat with gas or electric?: _____

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

Name of spouse and/or other adult occupants: _____

Employer: _____

Applicant's Social Security Number: _____ Applicant Date of Birth: _____

Email: _____ Applicant's Phone #: _____

Utility Service start date: _____

I, _____, request utility service, (Electric and/or Water) at the above location. I fully understand that the service being supplied by Village of Akron, under its rules, regulations and general schedules as filed periodically with the New York Power Authority and available for inspection at the office of the Village Clerk-Treasurer's Office. Said service is to be paid for by the undersigned in accordance with the service applicable. Furthermore, all uncollected accounts will be turned over to a collection agency. All fees associated with the collection of uncollectible accounts will be the responsibility of the applicant.

Signature of Applicant

Date

Deposit required: Yes _____ No _____

Amount of Deposit \$ _____

Receipt # _____

Date of Deposit: _____