

SERVICE BEGIN DATE: _____ END DATE _____ A/C # _____ Rec# _____ Amt _____



LAKE PLACID VILLAGE, INC.
2693 MAIN STREET
LAKE PLACID, NY 12946
PHONE: 518-523-2597
FAX 518-523-1321

MEMBER OF M.E.U.A.



APPLICATION FOR ELECTRICAL SERVICE

Lake Placid Village Municipal Electric is hereby requested to furnish the undersigned with electrical service. Such service will be supplied by the Municipality under the rules and regulations as filed with the New York Power Authority and available for inspection at the Village Office. The undersigned agrees to pay for services in accordance with applicable service classifications.

ADDRESS OF SERVICE: _____
BILLING ADDRESS _____
APPLICANT'S NAME _____
NAME OF PROPERTY OWNER _____

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 this home, such as dialysis, oxygen, apnea, or iron lung? YES _____ NO _____

Are there any factual circumstances indicating any other serious or hazardous health situations that would be affected by a 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: _____

Emergency Contact: (nearest relative, friend) _____

Address: _____ Phone _____

Applicant's Social Security # _____ - _____ - _____ Home Phone # _____

If there are any changes in the above customer information, it is the applicant's responsibility to contact the Office of Lake Placid Village, Inc., to update this application.

**** A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED****

APPLICANT'S SIGNATURE _____ DATE _____

RECEIVED BY: _____