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LAKE PLACID VILLAGE, INC.

2693 MAIN STREET LAKE PLACID, NEW YORK 12946 PHONE 518-523-2597 FAX 518-523-1362

COMMERCIAL APPLICATION FOR ELECTRICAL SERVICE

SERVICE BEGIN DATE: _____ ACCOUNT NUMBER: _____

RECEIPT #: _____ DEPOSIT AMOUNT: \$ _____

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.

NAME AND CORPORATE ADDRESS OF BUSINESS: _____

BUSINESS TAX EIN #: _____ TAX EXEMPT: NO/YES (must provide documentation)

APPLICANT'S NAME AND ADDRESS: _____

ADDRESS OF SERVICE: _____

BILLING ADDRESS: _____

NAME OF PROPERTY OWNER: _____

PROPERTY TAX ID #: _____

PHONE NUMBER OF BUSINESS: _____

PHONE NUMBER OF CONTACT: _____

E-MAIL ADDRESS OF BUSINESS: _____

E-MAIL ADDRESS OF CONTACT: _____

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

A copy of Applicant's Driver's License will be required with each application.

APPLICANT'S SIGNATURE: _____ DATE: _____

RECEIVED BY: _____