

Service Begin Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ New Account Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Receipt Number \_\_\_\_  
Deposit Amount: \_\_\_\_ Receipt Number: \_\_\_\_ Received By: \_\_\_\_



## Application For Electrical Service

Lake Placid Village, Inc.  
2693 Main Street  
Lake Placid, NY 12946  
Phone: (518)523-2597  
Fax: (518)523-1321



\*\*\*\*\*

Applicants Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
LAST FIRST

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Address of Service: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Emergency Contact: (Nearest Relative/friend): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer Address: \_\_\_\_\_

Any other name(s) you have gone by (former/maiden): \_\_\_\_\_

Name of spouse and/or other adult occupant(s): \_\_\_\_\_

Ages of children in the residence: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*Circle Yes or No\***

Are you or any residents physically disabled or mentally incapacitated, including blindness, infirmity, or limited mobility? YES NO

Is there any use of life support systems in the 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 effected by a prolonged power outage? YES NO

### **\*A COPY OF YOUR DRIVERS LICENSE IS REQUIRED\***

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 State Power Authority and available for inspection at the Village Office. The undersigned agrees to pay for services in accordance with applicable service classifications.

**\*\*If there any changes in the above customer information, it is the applicants responsibility to contact the Office of Lake Placid Village, Inc. to update this application.\*\***

Applicant's Signature \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_