Village of Wellsville
Department of Public Utilities
23 North Main Street * Wellsville, New York 14895
Phone: (585) 596-1760 * FAX: (585) 593-3938
711(TDD)

Account # _____
ID # _____

Application for Service

Electric, Water, Sewer & Solid Waste

Account holder information:	Today's Date: _____ Service Request Date: _____ Mailing Address:_____ _____ Property use: Residential – Commercial **(circle all that apply)** Will you reside at this address: YES NO
Name: _____ Former/Maiden : _____ Service Address: _____ Wellsville, NY 14895 Apt #_____ Upper-Lower-Right-Left **(circle all that apply)** Home Phone: _____ Cell Phone: _____ Date of Birth: _____ Email: _____ Social Security #_____ Drivers License: _____	Property Owner information: **(For rental properties)** Name: _____ Address: _____ _____ Phone : _____

Previous Address in Wellsville: _____

Present Employer: _____ Employer Phone: _____
If unemployed, source of income: Public Assistance – Social Security – Student – Other_____

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

Are there any factual circumstances indicating any serious or hazardous health situations that would be affected by a prolonged power outage? YES NO **Documentation Required**

Is Electric your primary source of heat? YES NO

Would you like your payment directly deducted from a bank account? YES NO **ACH application required**

Name of other person/persons (over the age of 18) residing at this service address:

Name _____ DOB _____ Relationship_____
Name _____ DOB _____ Relationship_____
Name _____ DOB _____ Relationship_____
Name _____ DOB _____ Relationship_____

I authorize the village of Wellsville Department of Public Utilities to make any necessary inquiries to determine the validity of any statement(s) made on this application. I hereby agree to comply with all rule/regulations of the DPU, Village of Wellsville, Electric, Water, Sewer, and Solid Waste ordinances and agree to pay the legally established rates for such services as shall be from time to time filed by the Village of Wellsville pursuant to the requirements of the law. I have been advised that bills are generated monthly and due payable in Net 20 days from the date on the bill. I agree to pay within terms, or will make payment arrangements if warranted. Property owners will be advised of any delinquent balances. I declare that the information set forth in the application is true, make for the purpose of obtaining utility service. I realize that any willful misrepresentations made on this application could result in criminal charges being brought against me. I have read the above statements and fully understand the contents.

Applicant Signature: _____ Date: _____

"This institution is an equal opportunity provider and employer. To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272(voice) or (202) 720-6382(TDD)."