

VILLAGE OF SPRINGVILLE APPLICATION FOR ELECTRIC SERVICE

COMMERCIAL APPLICATION

The Village of Springville Electric Municipality is hereby requested to furnish the undersigned with electric service; such service to 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.

TO BE COMPLETED BY SPRINGVILLE ELECTRIC

Service Beginning Date:
Account Number:
Service Location:

PLEASE FILL OUT THE FOLLOWING INFORMATION

COMPANY NAME:	
COMPANY ADDRESS:	
BILLING ADDRESS (IF DIFFERENT)	
COMPANY PHONE #:	TAX ID #:
OWNER NAME (if sole proprietor):	
OWNER ADDRESS:	
OWNER PHONE #:	
NAME OF COMPANY REPRESENTATIVE (Please Print):	

NOTICE: Fees associated with the collection of unpaid accounts will be the responsibility of the customer including legal fees and fees charged by a collection agency. A fee of 30% - 40% will be assessed to the unpaid amount by the collection agency.

SIGNATURE OF COMPANY REPRESENTATIVE:

The following information is requested by the Federal government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to obtain utility service. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the gender, race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity:
Hispanic or Latino _____
Not Hispanic or Latino _____
Race: (mark one or more)
White _____ Black or African American _____
American Indian/Alaskan Native _____ Asian _____
Native Hawaiian or Pacific Islander _____
Gender: Male _____ Female _____