

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:						
Name:	Service Request Date:						
Former/Maiden :	Mailing Address:						
Service Address:	•						
Wellsville, NY 14895		Property use: Residential – Commercial					
Apt # Upper-Lower-Right-Left	(circle all that apply)						
(circle all that apply)	Will you reside at this address: YES NO						
Home Phone:							
Cell Phone:	Property Owner information: (For rental properties)						
Date of Birth:							
Email:		Name:					
Social Security #	Address:						
Drivers License:	Phone :						
Previous Address in Wellsville:							
Present Employer: Employer Phone: If unemployed, source of income: Public Assistance – Social Security – Student – Other							
if unemployed, source of income: Public Assistance	e – Sociai Secu	rity – Student -	- Otner_				
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 s	serious or haza	ırdous					
health situations that would be affected by a prolong		YES	NO	Documentation Required			
Is Electric your primary source of heat?		YES	NO	•			
Would you like your payment directly deducted from	nt?	YES	NO	ACH application required			
would you like your payment directly deducted from	11(:	ILO	NO	ACIT application required			
Name of other person/persons residing at this service address:							
Name Do	OB	Relationship					
Name Do							
Name Do							
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.							
Applicants 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)."