DATE RECEIVED _____

ACCOUNT NUMBER_____

VILLAGE OF CASTILE

53 NORTH MAIN ST, P.O BOX 515

CASTILE NY 14427

CLERKS OFFICE

493-5340

TDD 1-800-662-1220

SUPT. OF PUBLIC WORKS

493-5340 X103

APPLICATION FOR SERVICES

EFFECTIVE DATE: _____

_____ELECTRIC _____WATER/SEWER

****WATER AND SEWER BILLS FOR RENTERS ARE REQUIRED TO STAY IN THE LANDLORDS NAME*****

ADDRESS OF SERVICES: _____

OWNER OF PROPERTY: _____

SERVICES TO BE BILLED TO: NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: HOME: _____WORK_____CELL_____

SOCIAL SECURITY NUMBER_____EMPLOYER _____

PREVIOUS ADDRESS _____

HOW LONG WERE YOU AT YOUR PREVIOUS ADDRESS_____

EMERGENCY CONTACT: NEAREST RELATIVE OR FRIEND_____

STREET _____CITY_____ZIP_____

PHONE #_____

The following information is requested by the Federal Government in order to monitor compliance with the Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application 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 applicants on the basis of visual observation or surname.

ETHNICITY: HISPANIC OR LATINO_____ NOT HISPANIC OR LATINO _____

RACE: (MARK ONE OR MORE)

WHITE_____BLACK OF AFIRICAN AMERICAN_____AMERICAN INDIAN/ALASKAN NATIVE_____

ASIAN_____NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER_____

NAMES OF INDIVIDUALS LIVING AT THIS RESIDENCE: _____

_____

_____

AGES OF CHILDREN LIVING AT THIS RESIDENCE: _____/_____/_____/_____/_____/_____/_____/_____

Are you or a resident physically disabled or mentally incapacitated including blindness, infirmity or limited mobility? YES_____ OR NO_____

Are there any factual circumstances indicating any serious or hazardous health situations that would be affected by a prolonged power outage? YES_____ or NO_____

The undersigned does hereby agree to observe all regulations prescribed by The Village of Castile in regards to the use of Electric, Water and Sewer to which reference is hereby made and to pay the rates established by it. I do hereby grant permission for The Village or its authorized agent to come into the above premises at any time during business hours to examine and inspect the use made of the above utility, or to read or test the meter.

I agree to **make a meter deposit to cover in advance the cost of services** for a reasonable period, if a deposit is requested. Such deposit will be returned to the customer when service is discontinued and final payment has been made.

I do hereby agree that all the rules and regulations of The Village of Castile are adopted by me as the condition of the services hereby applied for.

SIGNATURE: _____DATE: _____

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DEPOSIT REQUIRED YES_____ NO_____ AMOUNT _____

This institution is an equal opportunity provider and employer