

VILLAGE OF HOLLEY

**72 PUBLIC SQUARE
HOLLEY, NY 14470
COUNTY OF ORLEANS
585-638-6367
FAX: 585-638-7540**

- 1. Print Name: _____ Account#: _____
- 2. Drivers License# _____ Social Security# _____
- 3. Address: _____ Date: _____
- 4. Mailing Address: _____
- 5. Telephone Number: _____ Move In Date: _____
Work: _____ Electric / _____ Water
- 6. Marital Status: _____
- 7. Spouse's name and Maiden Name: _____
- 8. Have you ever resided in the Village of Holley: Yes ___ No ___

- 9. Residential Owner: _____ Residential Renter: _____
Commercial Owner: _____ Commercial Renter: _____
- 10. Apartment Location: 1ST Floor _____ 2nd Floor _____ 3rd Floor _____
- 12. Do you have Gas Heat _____ or Electric Heat _____?
- 13. Are you presently employed? _____ Name of Company: _____
Address _____ Phone _____
- 14. Are you a student? _____ Name of Institution: _____
- 15. Do you have a rental lease? _____ Period it covers: _____
- 16. Do you intend to reside at this location for more than a year? _____
- 17. Are you 62 years of age or older? _____
- 18. Are you receiving public assistance, supplementary security income benefits or additional state payments? _____

I, _____, REQUEST ELECTRICAL SERVICE AT THE ABOVE LOCATION. I FULLY UNDERSTAND THAT THE SERVICE IS BEING SUPPLIED BY THE VILLAGE OF HOLLEY, NY, UNDER ITS RULES, REGULATIONS AND GENERAL SCHEDULES AS FILED PERIODICALLY WITH THE NEW YORK POWER AUTHORITY. SAID SERVICE IS TO BE PAID FOR BY THE UNDERSIGNED IN ACCORDANCE WITH SERVICE APPLICABLE. ALSO, THAT THE LANDLORD WILL BE NOTIFIED MONTHLY OF ANY OUTSTANDING BALANCES OF BILLS UNPAID.

Signature of Subscriber

Village of Holley Use Only

ELECTRIC DEPOSIT REQUIRED: YES ___ NO ___
AMOUNT OF DEPOSIT: \$ _____

WATER DEPOSIT REQUIRED: YES - \$25.00 NON-REFUNDABLE

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Account Number: _____

OCCUPANCY INFORMATION:

NAME: _____
ADDRESS: _____

PLEASE CHECK EITHER 'YES' OR 'NO' COLUMN AS IT PERTAINS TO YOUR HOUSEHOLD AND FILL IN ALL OTHER REQUIRED INFORMATION.

DOES YOUR HOUSEHOLD HAVE THE FOLLOWING?

	YES	NO
1. Children under 18 years old?	_____	_____
Name _____ Age _____		
Name _____ Age _____		
Name _____ Age _____		
2. A handicapped occupant?	_____	_____
3. A life support system?	_____	_____
4. An occupant 62 yrs of age or older?	_____	_____
5. An occupant with any serious illness or factual information that loss of electricity will effect?	_____	_____

Explain in Detail (Wheelchair, Blindness, other):

Explain in Detail (Dialysis, Iron Lung, other):

Explain in Detail (Other Reasons):

