

PSC NO: 2 ELECTRICITY
COMPANY: MOHAWK MUNICIPAL COMMISSION
INITIAL EFFECTIVE DATE: 12/01/2015

LEAF: 22
REVISION: 2
SUPERSEDING REVISION: 0

FORMS

APPLICATION FOR ELECTRIC SERVICE

The Mohawk Municipal Commission is hereby requested to furnish the undersigned with electrical service: such service to be supplied by the Utility under the rules and regulations as filed with the New York State Public Service Commission and available for inspection at Utility's office. The undersigned agrees to pay for service in accordance with applicable service classifications.

ADDRESS OF SERVICE: _____

BILLING ADDRESS: _____

APPLICANT'S NAME: _____

****PLEASE COMPLETE THE FOLLOWING****

Are you or a resident physically disabled or mentally incapacitated, including blindness, infirmity or limited mobility? _____ Yes _____ No

Is there use of any life support systems in this home, such as dialysis, oxygen or apnea? _____ Yes _____ No

Are there any factual circumstances indicating any other serious or hazardous health situations that would be effected by prolonged power outage? _____ Yes _____ No

Any other name you have gone by (former/maiden): _____

Name of spouse and/or other adult occupants: _____

Ages of children living in this residence: _____

Employer: _____ Telephone: _____

Address: _____

Emergency contact (nearest relative/friend): _____

Address: _____

Applicant's Social Security No. _____ Telephone: _____

****A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED****

Applicant's Signature: _____ Date: _____

Rec'd By: _____

SERVICE BEGIN DATE: _____ END DATE: _____ ACCOUNT NO. _____

Issued by: Andrew Steele and Michael Shedd, Co-Supervisors,
28 Columbia St., Mohawk, NY 13407