

VILLAGE OF CASTILE
51 NORTH MAIN STREET-BOX 515
CASTILE, NY 14427-0515

Clerk's Office
493-5340

Superintendent of Public Works
493-2340

APPLICATION FOR SERVICES:

_____ ELECTRIC _____ WATER/SEWER

Address of Services _____ Effective Date _____

Owner of Property _____

Services to be billed to: Name _____

Mailing Address _____

Phone: Home _____ Work _____

Social Security # _____ Employer _____

Previous Address _____ How long at previous address _____

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

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

Ages of children living in the resident _____ / _____ / _____ / _____ / _____ / _____ / _____

Emergency contact: Nearest relative or friend _____

Street _____ City _____ Zip _____ Phone _____

The undersigned does hereby agree to observe all the 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 unto 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 meter deposits to cover in advance the cost of services for a reasonable period, if a deposit is requested. Such deposit will be returned to the consumer when service is discontinued and final payment made.

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

Signature _____ Date _____

Deposit Required Yes _____ No _____ Amount _____

Electric Account # _____ Water/Sewer Account # _____

Electric Reading _____ Water/Sewer Reading _____