



CITY OF SHERRILL

377 Sherrill Rd. • Sherrill, N.Y. 13461 • Telephone: (315) 363-2440 • Fax: (315) 363-0031 • www.sherrillny.org

APPLICATION FOR UTILITY SERVICE FOR SERVICE CLASSIFICATIONS 1 & 2

The City of Sherrill (City) is hereby requested to furnish the undersigned with electric. Such service is to be supplied by the City under the rules and regulations as filed with the New York Power Authority "PASNY No. 4 – Electricity" and available for inspection at City Hall. The undersigned agrees to pay for services in accordance with applicable service classifications.

The applicant also understands and acknowledges that this application is in fact a **credit application**. As such it must be completely and accurately filled out and signed. The applicant is responsible for timely payments of all bills to the City, and to see that any change to the information given below is reported to the City. The applicant is responsible for advising the City in advance if he/she is leaving the premises. Failure to notify does not excuse responsibility for subsequent service bills.

Name: _____ Service Address: _____

Mailing Address: _____

Date Service is to Begin: _____ Service Classification: _____

Telephone No. – Home: _____ (1 or 2)

Cell: _____

Social Security No.: _____ or Federal I.D. No: _____

Are you (check one): Residential Owner Commercial Owner

Residential Renter Commercial Renter

Name of Landlord (if applicable): _____

If you lease, what is the term of your lease? _____

Are you presently employed? If so, where? _____

Date of birth: _____ Do you receive public assistance or SSI benefits?

If so, please describe the benefit and give the address of the office you receive benefits from: _____

Are there any of the following at the service address? Dependent children under 18 years of age: Yes ___ No ___
 A handicapped occupant: Yes ___ No ___
 A life support system: Yes ___ No ___
 An occupant 62 years of age or older: Yes ___ No ___
 Factual circumstances indicating any other serious or hazardous health situations that would be affected by a power outage: Yes ___ No ___

If so, please describe situation: _____

Have you ever resided in the City of Sherrill utility district before? Yes ___ No ___

If yes, what address? _____

Was the final previous utility paid in full? Yes ___ No ___

Name and address of previous supplier of electricity, if any: _____

Service details – please respond or have your electrician respond:

Service requested is: ___ Overhead ___ Underground
 ___ New ___ An upgrade to an existing service
 ___ Amp ___ Phase ___ Volt

Load data (for all equipment, new and existing):

- Notes: 1) Meter sockets are provided by utility, call 363-6479 or 363-0780
 2) Installations must be inspected by an independent electrical inspection agency – a list of those approved to work in the City is available upon request. For work outside the City, use inspection agencies approved by the appropriate municipality.
 3) Meter sockets are to be installed in a location acceptable to City. For approval, call 363-6479 or 363-0780.
 4) Non-emergency service connections, disconnections and reconnections done outside normal working hours (Monday-Friday 7 a.m.-3:30 p.m.) are subject to a service fee.

City Load Sheet

Use this sheet for both new and upgraded services:

	<u>Existing</u>	<u>To be added</u>	<u>Total Connected Watts</u>
Electric heat:	_____	_____	_____
Electric hot water heater:	_____	_____	_____
Electric range/oven:	_____	_____	_____
Electric air conditioning:	_____	_____	_____
Electric clothes dryer:	_____	_____	_____

	<u>Existing</u>	<u>To be added</u>	<u>Total Connected Watts</u>
Electric dishwasher:	_____	_____	_____
Electric sump pump:	_____	_____	_____
Electric freezer/refrigerator:	_____	_____	_____
Electric freezer:	_____	_____	_____
Swimming pool pump:	_____	_____	_____
Forced air furnace:	_____	_____	_____
Hot tub or similar:	_____	_____	_____
Small commercial – lighting only	_____	_____	_____
Other: _____	_____	_____	_____
Total square footage of living area: _____			

REMINDER: If this credit application is not filled out complete and accurately, service may be denied.

Applicant further acknowledges that a deposit may be required based on applicant's prior utility history with the City, credit history or service location history.

Applicant's Signature: _____ Date: _____

Subscribed and sworn to before me

this ____ day of _____, 20__.

Notary Public

For Office Use:

Deposit required? Yes ____ No ____ Amount of Deposit: _____ Date Paid: _____

Comments/Notes: