

deposit paid/cash or ck#: _____

VILLAGE OF ANDOVER
4 South Main Street - PO Box 721
Andover, NY 14806

rental inspection needed?
(yes / no)

607/478-8455 - fax: 607/478-8928

(new account #)

This is an equal opportunity program. Discrimination is prohibited by Federal Law.

NAME ON ACCT: _____

Today's Date: _____

ADD'L NAME ON ACCT:
(if applicable) _____

Service Date: _____

SERVICE ADDRESS: _____

Home phone #: _____

APT #: _____ Upper - Lower - Right - Left
(circle all that apply)

Cellphone #: _____

MAILING ADDRESS: _____

Work #: _____

OWNER NAME: _____

Date of Birth: _____

OWNER ADDRESS: _____

Email: _____

OWNER PHONE #: _____

Social Security #: _____

Driver's License #: _____

PREVIOUS ANDOVER SERVICE ADDRESS: _____

PRESENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

SOURCE OF INCOME (if unemployed): _____

Name of any person/persons residing at the residence on Life Support: _____

Name of other person/persons residing at this location (age and relationship to applicant):

Name

DOB:

Age:

Relationship:

I authorize the Village of Andover to make any necessary inquiries to determine the validity of any statement(s) made on this application. I hereby agree to comply with all rules/regulations of the Village of Andover electric & water Ordinances and agree to pay the legally established rates for such services as shall be from time to time filed by the Village of Andover pursuant to the requirements of law. I have been advised that bills are generated monthly and due payable in Net 20 days from the date on the bill with interest added at 1-1/2 % per month after that date. I agree to pay within terms, or will make payment arrangements if warranted. I understand that service may be terminated on any account 60 days past due. Property owners may be advised of any delinquent balances. I declare that all information set forth in this application is true, made for the purpose of obtaining utility service. I realize that any willful misrepresentation(s) made on this application could result in prosecution by the Village of Andover.

APPLICANT'S SIGNATURE: _____

DATE: _____

CLERK: _____