# INCORPORATED VILLAGE OF ROCKVILLE CENTRE

## OWNER APPLICATION FOR UTILITY SERVICES

**PLEASE PRINT ALL INFORMATION LEGIBLY**

DATE SERVICE REQUESTED: _____ (MONDAY, WEDNESDAY OR FRIDAY **ONLY**)

### SERVICE ADDRESS

NAME _____

SERVICE ADDRESS _____

APT OR FLOOR NO. _____

*(PLEASE CIRCLE)* PROPERTY OWNER? ◯ YES / ◯ NO CURRENT ACCT IN VILLAGE ? ◯ YES / ◯ NO

### MAILING ADDRESS, IF DIFFERENT FROM ABOVE

C/O NAME _____

MAILING ADDRESS _____

_____

APT OR FLOOR NO. _____

### COMMERCIAL ACCOUNTS ONLY:

FEDERAL I.D. # _____

OWNER _____

OWNER'S ADDRESS _____

_____

_____

WORK TELEPHONE _____

OWNER'S TELEPHONE _____

_____

DEPOSIT _____

APPLICATION FEE _____

TAX _____

TOTAL _____

### RESIDENTIAL ACCOUNTS ONLY:

DRIVER'S LICENSE # _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____

_____

_____

WORK TELEPHONE _____

HOME TELEPHONE _____

_____

DEPOSIT _____

APPLICATION FEE 5.00

TAX 0.43

TOTAL* $5.43

* The $5.43 application fee will be charged to the account.

SIGNATURE _____ DATE _____