Village of Frankfort
110 Railroad Street, Suite 2
Frankfort, NY 13340

Phone (315) 894-8611
Fax (315) 894-0469

Application for New Customer

Requested date of service_____

Name _____ Account Number _____

Address _____
Mailing Address (if different) _____
Telephone Number: Home _____ Cell _____ Work _____
Social Security Number _____ Martial Status _____
Spouse's (Maiden) Name _____ Spouse's SSN _____
Have you ever resided in the Village or Town of Frankfort? no _____ yes _____
If yes, where _____
Are you Residential Owner _____ Residential Renter _____
Commercial Owner _____ Commercial Renter _____
Where is the apartment located 1st floor _____ 2nd floor _____
Does the meter for your apartment control the furnace? no _____ yes _____
Do you have electric heat? no _____ yes _____
Are you presently employed? no _____ yes ____ name of company _____
Are you currently a student? no _____ yes _____ name of institution _____
Do you have a rental lease? no _____ yes ____ period of lease _____
Do you intend to reside at this location for more than a year? no _____ yes _____
Date of birth _____ Are you 62 years of age or older? no _____ yes ____
Are you receiving:
Public assistance no _____ yes _____
Supplementary Security Income (SSI) no _____ yes _____
Any additional state benefits no _____ yes (please describe) _____
Previous supplier of electricity: _____

I, _____, request electrical service at the above location. I fully understand that the service is being supplied by the Village, under its rules, regulations, and general schedules as filed periodically with the PSC and available for inspection at the office of the Electric Department. Said service is to be paid for by the undersigned in accordance with the service applicable.

_____
Signature of Subscriber

FOR OFFICE USE ONLY
Deposit required
No _____ exemption _____ Service order number _____
Yes _____ amount _____ receipt number _____

Occupancy Information

Does your household have the following?

Children under 18 years old

no _____ yes ____ Name & age of child _____

_____

_____

Handicapped occupant

no ____ yes ____ explain in detail _____

_____

_____

Occupant 62 years or older no _____ yes _____

Occupant with any serious illness that loss of electricity will affect

no ____ yes _____ explain in detail _____

_____

_____

Third Party Designation for Final Disconnect Notice

I request the individual or agency specified below be notified if a notice of disconnection of my electric service due to non-payment of past bills is mailed to me. This individual or agency has agreed by signing below to receive such notification for information purposes only.

Name _____ Address _____

Home phone _____ _____

Emergency Contact

In the event of an emergency and no one is home, please specify a third party (parents, relative, or friend) nearby, whom we could contact to reach you.

Third party's name _____ home phone _____

Address _____

_____

Relation of third party to customer _____

Authorization signature _____