

PSC NO: 2 ELECTRICITY  
COMPANY: MOHAWK MUNICIPAL COMMISSION  
INITIAL EFFECTIVE DATE: 1/01/2017

LEAF: 22  
REVISION: 3  
SUPERSEDING REVISION: 0

## FORMS

APPLICATION FOR ELECTRIC SERVICE

The Mohawk Municipal Commission is hereby requested to furnish the undersigned with electrical service: such service to be supplied by the Utility under the rules and regulations as filed with the New York State Public Service Commission and available for inspection at Utility's office. The undersigned agrees to pay for service in accordance with applicable service classifications.

ADDRESS OF SERVICE: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
APPLICANT'S NAME: \_\_\_\_\_

**\*\*PLEASE COMPLETE THE FOLLOWING\*\***

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

Is there use of any life support systems in this home, such as dialysis, oxygen or apnea? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any factual circumstances indicating any other serious or hazardous health situations that would be effected by prolonged power outage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any other name you have gone by (former/maiden): \_\_\_\_\_

Name of spouse and/or other adult occupants: \_\_\_\_\_

Ages of children living in this residence: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Emergency contact (nearest relative/friend): \_\_\_\_\_  
Address: \_\_\_\_\_

Applicant's Social Security No. \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*\*A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED\*\***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rec'd By: \_\_\_\_\_  
SERVICE BEGIN DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

Issued by: Andrew Steele and Michael Shedd, Co-Supervisors,  
28 Columbia St., Mohawk, NY 13407