



# Application for Services

Service Start Date \_\_\_\_\_ Type of Service  Electric  Sewer

Name \_\_\_\_\_

Address \_\_\_\_\_

Rent  Own

Phone Number \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Billing Address \_\_\_\_\_  
(leave blank if same as above)

Former Address \_\_\_\_\_

Rent  Own

How Long There \_\_\_\_\_

**Employer Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Alternate Contact Person:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

A meter deposit may be required. Contact the Village of Churchville in person or at 585-293-3720 for more information.

I understand that the above services will be provided by the Village of Churchville and paid by the undersigned in accordance with the appropriate rules and regulations.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Please present photo id with this application.

OFFICE USE ONLY	
Deposit amount required \$	_____
Copy of Driver's license	_____
Receipt #	_____
Received by	_____

Please return form in person to:  
Village of Churchville  
23 E. Buffalo St.  
PO Box 613  
Churchville, NY 14428  
Phone: 585-293-3720