

INCORPORATED VILLAGE OF ROCKVILLE CENTRE

TENANT 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~~ NO CURRENT ACCT IN VILLAGE ? YES / ~~NO~~ 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 _____
EMAIL _____
DEPOSIT 200.00
APPLICATION FEE 5.00
TAX 0.43
TOTAL \$205.43

SIGNATURE _____

DATE _____