

Village of Stratton Utility Application

Applicant _____ Date of Birth _____

Driver's License #/State _____ Social Security # _____

Home Phone Number _____ Cell Phone Number _____

Co-Applicant _____ Date of Birth _____

Driver's License #/State _____ Social Security # _____

NOTICE: All Adult Occupants shall be required to sign this application and shall be responsible parties for all utilities provided by the Village of Stratton. The information may be used for bill collection purposes.

LOCATION - RESIDENCE/BUSINESS - FOR WHICH UTILITIES ARE REQUESTED

Physical Address _____

Own _____ Rent _____ Property Owner _____
(Please provide a copy of the deed or lease agreement)

Mailing Address if Different _____

APPLICATION IS REQUESTED FOR CONNECTION OF THE FOLLOWING SERVICES:

Residential _____ Commercial _____ Other _____

Electricity _____ Water/Sewer _____ Trash _____

Service Start Date Desired _____

There is a \$100.00 deposit required for a resident who is the owner of property of the land, and a \$350.00 deposit for a resident who is renting the property. Total Fees Due \$ _____.

The required fees shall be paid to the Village Clerk/Treasurer at the time of application for services and no services shall be installed until the application and deposit are received. No utility service connection will be made until any past due utility accounts of the applicant is paid in full to the Village of Stratton.

I hereby request the Village of Stratton to provide utility services at the above service location. I agree to pay all charges for services rendered as a result of this request. I understand and agree that failure to pay any amount due to the Village can result in services not being connected/reconnected until such payment has been received.

Signature(s) _____ Date _____

Printed Name(s) _____

The Village of Stratton is an Equal Opportunity Provider and Employer.

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Optional: Third-Party Billing/ Notification

- Option 1:** Designated third party may receive copies of the customer's bills and/or disconnection notices for the customer's account. Choose one of the following:
Disconnection notices only Disconnection notices and copies of bills
(Please note (Please note there will be a copy fee charged on bills sent to two addresses)
- Option 2:** All utility bills and notices will be sent to only the designated third party.
 In the event of a disconnect notice, a notice will be sent to the customer as well.

Name of designated third party _____

Mailing Address _____

Phone Number _____

By signing below, I agree to pay the utility bill of _____

At the physical address of _____

Signature

Date