

Service Begin Date: \_\_\_/\_\_\_/\_\_\_

New Account Number \_\_\_ - \_\_\_ - \_\_\_

Receipt Number \_\_\_\_\_

Required Deposit Amount of \$300: \_\_\_\_\_

Received By: \_\_\_\_\_

Payable to Lake Placid Village, Inc.



# Application For Commercial Electrical Service



Lake Placid Village, Inc.  
2693 Main Street  
Lake Placid, NY 12946

Name of Business: \_\_\_\_\_

Business Tax EIN Number: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_, \_\_\_\_\_  
LAST FIRST

Tax Exempt: YES NO  
If "Yes" must provide documentation

Business Owner Address: \_\_\_\_\_

Business Owner Cell Number: ( \_\_\_ ) \_\_\_ - \_\_\_

Business Phone Number: ( \_\_\_ ) \_\_\_ - \_\_\_

Address of Service: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like my bills: Emailed \_\_\_ Mailed \_\_\_ Both Email & Mailed \_\_\_

I acknowledge that I must inform the Lake Placid Village Office, **in person** when I am vacating this property. I also understand and acknowledge that it is my responsibility to contact this office of any changes to the information on this application. \_\_\_\_\_ Initial

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

**\*A COPY OF YOUR DRIVERS LICENSE AND DEPOSIT IS REQUIRED\***

Lake Placid Village Municipal Electric is hereby requested to furnish the undersigned with electrical service. Such service will be supplied by the municipality under the rules and regulations as filed with the New York State Power Authority and available for inspection at the Village Office. The undersigned agrees to pay for services in accordance with applicable service classifications.