

City of Salamanca
BOARD OF PUBLIC UTILITIES

225 Wildwood Avenue Suite 6
Salamanca, NY 14779-1580
(716) 945-3130
FAX (716) 945-3490

UTILITY SERVICE APPLICATION

- ELECTRIC
- WATER
- SEWER

Name: _____

Spouse or Domestic Partner: _____

New Residence Where Services are Being Requested: _____

Current Address: _____

Last 4 Digits of Social Security Number(s): _____/_____

Driver's License Number: _____

Spouse or Domestic Partner Driver's License Number: _____

Photo ID(s) (which includes Date of Birth)
_____/_____

Phone Number(s): _____/_____

Cellular Number(s): _____/_____

Employer: _____
Address: _____
City/State: _____
How Long? _____

Nearest Relative: _____
Address: _____
City/State: _____
Phone No: _____

Employer: _____
Address: _____
City/State: _____
How Long? _____

Nearest Relative: _____
Address: _____
City/State: _____
Phone No: _____

Having applied to the Salamanca Board of Public Utilities for Electric, Water and/or Sewer Service for the premises specified above, I affirm that statements made on this application are true under the penalties of perjury. A copy of the Salamanca Board of Public Utilities' Rules and Regulations is available upon request. Spouses and/or domestic partners are also responsible for utility invoices, in addition to the account holder.

Signature of Applicant

Date Signed

Witness

Deposits _____
Guarantor _____
Tax Exempt _____