



City of Plattsburgh
41 City Hall Place
Plattsburgh, N.Y. 12901
fcs@cityofplattsburgh-ny.gov
Tel: (518) 563-7704

Service Application for Utilities

Customer Name: _____ Account #: _____ (Office Use)

Service Address: _____ Apt #: _____ Date Service Requested: _____

Service(s) Requested: Electric Water Sewer

Rent Own If Renting, lease term _____ months.

Phone No.: _____

Date of Birth: _____ Driver's License: State: _____ No: _____

Email Address: _____

Would you Like your Utility Bill: Mailed or Emailed

Is There any Medical Conditions that Require Special Consideration? _____

Alternate Contact In Case of Emergency: _____

Alternate's Address: _____

Alternate's Phone No.: _____

The above Municipality is hereby requested to furnish the undersigned with the utilities as indicated at the above address. Electric service to be supplied by the Plattsburgh Municipal Lighting Department under its rules, regulations and general schedules as filed from time to time with the Dept. of Public Service of the State of New York and available for inspection at the Office of the Municipal Lighting Department and to be paid for by the undersigned in accordance with service classifications applicable.

If applicable, I give my permission to the Municipal Lighting Department to discuss my electric account with the Clinton County Dept. of Social Services.

Customer Signature: _____ Date: _____