

# Bath Electric, Gas and Water Systems

Owned by the Village of Bath

7 South Avenue  
 Bath, New York 14810  
 (607) 776-2173, Option 2  
 CommercialOffice@begws.com

## RESIDENTIAL APPLICATION

<b>1<sup>st</sup> Applicant: <u>PLEASE PRINT</u></b> Name: _____ Other Maiden/Married Name: _____ SS#: _____ Date of Birth: _____ Driver's License #: _____ Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Employer/PA/SSI/SSD: _____ Are you 62 or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2<sup>nd</sup> Applicant: <u>PLEASE PRINT</u></b> Name: _____ Other Maiden/Married Name: _____ SS#: _____ Date of Birth: _____ Driver's License #: _____ Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Employer/PA/SSI/SSD: _____ Are you 62 or older: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dates		Account Number	Service Address	Apt #	Check One	
In	Out				Tenant	Owner

Life support/special needs?  Yes  No – If Yes explain: \_\_\_\_\_

Mailing address if different than service address: \_\_\_\_\_

Contact person with alternate number: \_\_\_\_\_

Contact person's phone number: \_\_\_\_\_

BATH ELECTRIC, GAS AND WATER SYSTEMS is hereby requested to furnish the undersigned with utility services as indicated at the above address or at such subsequent location(s) as the applicant may request. Such service to be supplied by the company under its effective rules, regulations, and general schedules as filed with the Public Service Commission and available for inspection at the office of the company, and to be paid for by the undersigned in accordance with service classifications applicable. Any unpaid finalized accounts will be submitted to a collection agency. Any fees will be added at the time of transfer. Any personal information (ex. SS#) will be made available to our Collection Agency. The undersigned has read and is familiar with the limitation of liability of the company as defined by the effective filings referred to above.

1<sup>st</sup> Applicant: \_\_\_\_\_ 2<sup>nd</sup> Applicant: \_\_\_\_\_  
 (Signature) (Signature)

