



Application for Service

The undersigned hereby applies to the Fairport Municipal Commission to supply electric service and agrees to abide by the rates, rules, and regulations adopted by the Municipal Commission.

Service Date _____ 20 _____

Service Located at _____

Owned by/Landlord _____

Billing Name _____

Applicant's Former Address _____

Billing Address (if different) _____

Place of Employment _____

Social Security # (residential applications only) _____

Tax ID # (business applications only) _____

Phone # _____

Cell Phone # _____

Email Address _____

Signature _____

Contact Person, Relationship, and Phone # _____

Please return this form to:
Fairport Municipal Commission
31 S Main St
Fairport, NY 14450-2132
Fax 585-421-3249

Accepted:
Fairport Municipal Commission
31 S Main St
Fairport, NY 14450

By _____