



Village of Gowanda
27 East Main Street
Gowanda, NY 14070
Phone: (716) 532-3353 Fax: (716) 532-2938
The Village of Gowanda is an Equal Opportunity Provider and Employer

Account #

ID #

Application for Service

Water and Sewer

| | | |
|---|--|---|
| Account holder information: | | Today's Date: _____ |
| Name: _____ | | Service Request Date: _____ |
| Former/Maiden : _____ | | Mailing Address: _____ |
| Service Address: _____ | | Property use: Residential – Commercial (circle all that apply) |
| Apt # _____ Upper-Lower-Right-Left (circle all that apply) | | Will you reside at this address: YES NO |
| Home Phone: _____ | | Property Owner information: (For rental properties) |
| Cell Phone: _____ | | Name: _____ |
| Date of Birth: _____ | | Address: _____ |
| Email: _____ | | Phone : _____ |
| Photo Identification to be used for verification purposes: _____ | | |

Have you had service at any other address in Gowanda: _____

If so please give address: _____

Present Employer: _____ Employer Phone: _____

If retired, unemployed, or not working please indicate your source of income:

Public Assistance – Social Security – Student – Other _____

Name of other person/persons residing at this service address:

| | | |
|------------|-----------|--------------------|
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |
| Name _____ | DOB _____ | Relationship _____ |

Contact name and number in case of emergency: _____

The Village does not charge a customer for the initial turn on of water service or the final turn off of water service.

I authorize the Village of Gowanda Department of Public Works to make any necessary inquiries to determine the validity of any statement(s) made on this application. I hereby agree to comply with all rules and regulations of the Village of Gowanda, Water and Sewer Local Laws/Codes and agree to pay the legally established rates for such services as shall be from time to time amended by the Village of Gowanda pursuant to the requirements of the law. I have been advised that bills are generated quarterly and due payable in Net 20 days from the date on the bill. I agree to pay within terms established by the Village of Gowanda. Property owners will be advised of all delinquent balances. I declare that the information set forth in the application is true, made for the purpose of obtaining utility service. I realize that any willful misrepresentations made on this application could result in legal charges being brought against me. I have read the above statements and fully understand the contents.

Applicants Signature _____ Date _____

Other Responsible Party Signature _____ Date _____