

CONSUMER OWNED AND MUNICIPALLY
OPERATED
FAIRPORT MUNICIPAL COMMISSION
31 South Main Street
Fairport, New York 14450



Billing Office: (585) 223-0440
Service Center (585) 223-9500

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.

Requested Service Date _____ 20 _____

Service Located at _____

Own or Rent (circle one)

If Rent, Landlords name _____

Billing Name _____

Applicant's Former Address _____

Mailing Address (if different) _____

Place of Employment _____

Date of Birth _____

Social Security # (residential application only) _____

Tax ID # (business application only) _____

Phone # _____ Cell # _____

Email Address _____

Check to Receive E-Bill Only

Emergency Contact (Phone # and Name) _____

Signature _____

Please return to:
Fairport Municipal Commission
31 S. Main St.
Fairport, NY 14450

Accepted: OFFICE USE ONLY Fairport Municipal Commission 31 S. Main Street Fairport, NY 14450 By _____
