



Individual

APPLICATION FOR SERVICE

Two forms of Identification are required with this Application

Mail to: National Grid, 300 Erie Blvd West, Syracuse, NY 13202

Fax to: (315) 460-9270

NATIONAL GRID USE ONLY: ACCOUNT #:			DATE:
NAME: _____ First Middle Last		DATE OF BIRTH:	
SOCIAL SECURITY #:		DRIVER'S LIC #:	STATE:
HOME PHONE #: ()		CONTACT PHONE #: ()	
EMPLOYED: ___ Full Time ___ Part Time ___ N/A ___ Retired ___ Student ___ Public Assist. ___ Social Security ___ S.S.I.			
Identify any in-home electrically operated life-sustaining medical equipment in use:			
PREVIOUS HOME ADDRESS:			

RENTAL AGENT: Fax the application within 5 days of the effective date.
 Manager Signature: _____ Date: _____

COMPLEX NAME: <u>KINGS GATE WEST</u> PHONE #: <u>(315) 487-9400</u>	I, _____ (name of applicant) hereby authorize National Grid to release the following information to _____ (name of housing entity): 1. Information regarding the status of my pending application for electric and/or gas service with National Grid, including, but not limited to, information regarding any information or documents National Grid may require as part of the application process; and 2. Information regarding my past financial history with National Grid that is relevant to my pending application for service, including, but not limited to, information regarding past debts owed to National Grid, past payment histories with National Grid, and past payment agreements with National Grid; and 3. Information regarding my current financial matters with National Grid, including, but not limited to, information regarding security deposits and any current payment agreements. This authorization shall be in effect until _____ (date). Signed: _____ Name (Printed): _____ Date: _____
REQUESTING SERVICE AT: STREET ADDRESS: _____	
BLDG & APT #: _____	
CITY: <u>CAMILLUS</u> STATE: <u>NY</u> ZIP: <u>13031</u>	
REQUESTED IN-SERVICE DATE: _____	
PREVIOUS TENANT (if known): _____	
TYPE OF SERVICE REQUESTED: <input checked="" type="checkbox"/> ELECTRIC ONLY <input type="checkbox"/> GAS ONLY <input type="checkbox"/> BOTH ELECTRIC AND GAS	
ACCESS TO METERS: <u>YES</u>	
MAILING ADDRESS (if different than above) STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	

TENANT/APPLICANT: In order to disconnect or final your National Grid service, you must call our Customer Service Contact Center at 1-800-642-4272 OR enter your request at our website at www.nationalgrid.com.

Electric Meter #: (If Readings are not provided, the turn-on read may be <u>estimated</u> .) Your meter may not have five dials.	
Gas Meter #: (If Readings are not provided, the turn-on read may be <u>estimated</u> .) Your meter may not have five dials.	

The Undersigned hereby applies for service with National Grid. Two forms of identification are required with this application. In addition, a security deposit may be required.
 X _____ DATE: _____