



VILLAGE OF STOCKBRIDGE
APPLICATION TO CHANGE PUBLIC UTILITIES

Date of Application: _____

Service Requested: On Off Remove REU's

Name: _____

Service Address: _____

Mailing Address: _____

Telephone: _____ Alternate Telephone: _____

Email: _____

Rental: yes No

If yes: Landlord: _____

Landlord Address: _____

Landlord Telephone Number: _____

Verify Identification: _____

I am requesting service to be turned on/off at the above listed service address effective _____ Services and rates subject to Village Ordinance Chapter 34, Article II and Article III and Appendix A Section 1 and Section 2.

Dated: _____

Signature of Application

Approved/Denied

Village Initials: _____

Village Use Only:

Deposit Required: No Yes

Deposit Amount Required: _____

Amount Paid: _____

Date Received: _____