

VILLAGE OF ARCADE (VOA)  
Electric Department  
17 Church Street • Arcade • NY • 14009  
Telephone: (585) 492.-1111 TDD: (800) 662 -1220 ·Fax (585)496 -7444  
The Village of Arcade is an equal opportunity provider and employer.

**TENANT VERIFICATION FORM**  
**LANDLORD STATEMENT**

To obtain electric service, the following form must be signed by the property owner.

I, \_\_\_\_\_, own(s) property at \_\_\_\_\_  
(Landlord's Name - Please Print) Address

\_\_\_\_\_, Apartment # \_\_\_\_\_.

The primary tenant of record, \_\_\_\_\_, moved into this property on  
(Tenant's Name)

\_\_\_\_\_ (the date tenant became responsible for electric service).  
(Date - mm/dd/yyyy)

Tenant Contact Phone # \_\_\_\_\_.

The primary heating source at the property address listed above is **ELECTRIC**? [ ] Yes [ ] No

.....

I declare and affirm under penalty of perjury that the statements made above are true and correct to the best of my knowledge.

\_\_\_\_\_  
Property Owner's Signature (or representative authorized to execute on behalf of the Owner) Date