

TOWN OF RANDOLPH WATER/SEWER UTILITY SELF-CERTIFICATION FORM

ervice Address:
Jame on Account:
Account Number:
Celephone Number:
Mailing Address:
ERTIFICATION:
Please read the following certification. Your signature is verification that you are stating this to be true: ttest that due to the COVID-19 state of emergency, which began on or after March 7, 2020 I have xperienced a change in financial circumstances."
ignature: Date:
tate of New York))SS: county of Cattaraugus)
on this, theday of, 20, before me a notary public, the undersigned personall ppeared, known to me (or satisfactorily proven) to be the person whose nates subscribed to the within instrument, and acknowledged that he/she executed the same for the purpose nerein contained. In witness hereof, I hereunto set my hand and official seal.
Notary Public

This form must be completed and received by the Town of Randolph Water/Sewer Billing Department no later than **November 15**, **2021** to be considered.

72 Main Street | Randolph, NY 14772 | 716-358-9701 | 716-358-5572 fax | www.RandolphNY.net Including the Hamlets of Randolph and East Randolph