TOWN OF WELLESLEY

ACCOUNT NUMBER

DEPARTMENT OF PUBLIC WORKS / MUNICIPAL LIGHT PLANT
APPLICATION FOR UTILITY SERVICE

It is expressly understood and agreed to that the applicant is the customer of record ("Applicant") as soon as the Town of Wellesley is notified of the change in occupancy. It is understood that the Town of Wellesley may require an advance security deposit for residential and commercial property. It is further understood and confirmed by the signature below that neither the Applicant nor any other occupants of the premise currently has an unpaid balance for utility services previously provided.

The undersigned agrees that the Applicant will provide at least 7 business days notice of any intention to close the account or terminate service and that the Applicant is liable for any and all charges for services until such time as actual meter reading(s) are obtained to close the account. At the close of the utility account a "Final Bill" will be issued and be due in 30 days. Any remaining balance is subject to all collection proceedings including the submission of a claim for payment in a court of competent jurisdiction. Any and all costs, including but not limited to attorney fees, administrative costs and court-related filing expenses will be added to the unpaid balance.

It is agreed that the Wellesley Municipal Light Plant shall have the right to discontinue electric service hereunder, per Department of Public Utilities ("DPU") regulation 220 CMR if the customer shall fail to pay promptly all bills as rendered for any service, labor or material furnished by the Wellesley Municipal Light Plant to the customer.

The undersigned makes application for utility service at the premise located as described below.

SERVICE/ACCOUNT INFORMATION (PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE INFORMATION)

1. SERVICE ADDRESS

	Town	*State*	*Zip Code*
	Wellesley	**MA**	

2. APPLICANT

First Name/Company Name	*Middle Initial*	*Last Name*
Home Phone	*Cell Phone*	*Email Address*
( )	( )	

3. CO-APPLICANT *(if applicable)*

First Name	*Middle Initial*	*Last Name*
Home Phone	*Cell Phone*	*Email Address*
( )	( )	

4. PREVIOUS ADDRESS

	Town	*State*	*Zip Code*

5. Is electrically operated life support equipment to be used in this residence?_____ If Yes, what type?_____

6. Would you like to receive your utility bills via email?_____

Applicant Signature ***Date***

Signature of Co-Applicant ***Date***