

**Town of Wellesley
Municipal Light Plant And
And Department of Public Works
Customer Services**

Account Number

Deposit: \$ _____

APPLICATION FOR UTILITY SERVICE

APPLICATION IS A LEGAL CONTRACT BETWEEN THE APPLICANT (S) FOR UTILITY SERVICES
AND THE TOWN OF WELLESLEY

1. THIS APPLICATION IS FOR THE FOLLOWING SERVICES (Please check appropriate boxes) COMMERCIAL *
 ELECTRIC WATER SEWER RESIDENTIAL

2. GENERAL INFORMATION (PLEASE PRINT CLEARLY AND AND COMPLETE ALL REQUIRED INFORMATION)

Applicant	First Name	Middle Initial	Last name		
Service Address			Town WELLESLEY	State MA	Zip Code
OWN <input type="checkbox"/> RENT <input type="checkbox"/>		Residence Telephone Number	Area Code ()	Business Phone	Area Code ()
Previous Address			City	State	Zip Code
Name of Previous Electric Utility Company			Street Address	City	State

3. INFORMATION ABOUT CO-APPLICANT (IF JOINT ACCOUNT REQUESTED)

Optional Title	Applicant	First Name	Middle Initial	Last Name		
Residence Telephone Number		Area Code ()		Business Phone	Area Code ()	

4. Are all residents of household 65 years of age or older? _____
 5. Is electricity operated life support equipment to be used in this residence? _____ If Yes, what type _____

6. RENTED PROPERTY INFORMATION

Landlord/ Company name			Landlord/ Company address		
City	State	Zip Code	Landlord/ Company Residence phone	Area Code ()	Landlord/ Company Business Phone

It is understood that the Town Of Wellesley requires an advance deposit before this application can be accepted for rental and commercial property.

7. BILLING INFORMATION (Complete only if the name and address to which your utility bill is to be mailed is different from that under GENERAL INFORMATION above)

First Name	Middle Initial	Last Name	Address		
City	State	Zip Code			

IT IS EXPRESSLY UNDERSTOOD AND AGREED TO THAT THE APPLICANT IS NOT A CUSTOMER OF RECORD UNTIL (1) THIS APPLICATION IS COMPLETED AND ACCEPTED (2) ALL REQUIREMENTS OF THE RULES, REGULATIONS AND RATES OF THE DEPARTMENT HAVE BEEN COMPLIED WITH AND (3) ANY REQUIRED DEPOSIT HAS BEEN PAID IN FULL. FAILURE TO COMPLY WITH THESE CONDITIONS WILL RESULT IN IMMEDIATE TERMINATION OF SERVICE.

THE UNDERSIGNED AGREES THAT THE APPLICANT WILL PROVIDE AT LEAST 10 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 AN AGENT OR OFFICER OF THAT DEPARTMENT IS ADMITTED TO THE PREMISES AND OBTAINS ACTUAL METER READINGS TO CLOSE THE ACCOUNT.

THE UNDERSIGNED MAKES APPLICATION FOR UTILITY SERVICE AT THE PREMISES LOCATED AS DESCRIBED ABOVE. IT IS EXPRESSLY UNDERSTOOD THAT SUCH SERVICE WILL BE PROVIDED IN ACCORDANCE WITH THE PUBLISHED RULES AND REGULATIONS, NOW IN EFFECT OR FROM TIME TO TIME AMENDED.

If you have any questions regarding this application please contact your Customer Service Representative at 781-235-7600 We look forward to serving you!

Thank You

1 _____ **2** _____
 Sign Here Applicant Signature Date Signature of Co-Applicant, If Joint Account Date