Town of Merrimac
Municipal Light Department

Account Number:

Application Fee: $25 **APPLICATION FOR ELECTRIC SERVICE** **Deposit: $_____**

APPLICATION IS A LEGAL CONTRACT BETWEEN THE APPLICANT (S) FOR ELECTRIC SERVICE AND THE TOWN OF MERRIMAC

1. **THIS APPLICATION IS FOR THE FOLLOWING SERVICE (Please check appropriate box)**

RESIDENTIAL ☐ COMMERCIAL ☐

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

Applicant First Name Middle Initial Last Name			
Service Address	Town MERRIMAC	State MA	Zip Code 01860
OWN ☐ RENT ☐	Residence Area Code Telephone Number ( )	Business Area Code Telephone Number ( )	
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 Area Code Telephone Number ( )		Business Area Code Telephone Number ( )	

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	Resisence Phone ( ) Business Phone ( )

It is understood that the Town of Merrimac requires an advance deposit before this application can be accepted for rental or commercial property.

7. **BILLING INFORMATION (Complete only if the name and address to which your utility bill is to 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 APPLICATN 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 SERVICE UNTIL SUCH TIME AS THE DEPARTMENT 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 Customer Service at 978-346-8311. The Merrimac Municipal Light Department looks forward to serving you!

1_____ _____ **2**_____

Sign Here Applicant Signature Date Signature of Co-Applicant, If Joint Account