



HUDSON LIGHT & POWER DEPARTMENT

49 FOREST AVENUE, HUDSON, MA 01749

PHONE: 978/568-8736 * FAX: 978/562-1389

E-MAIL: info@hudsonlight.com

GENERAL SERVICE APPLICATION

OFFICE USE ONLY			LOC. #	_____
ACCOUNT#	_____	PROPERTY OWNER?	YES	NO
START DATE:	_____	DEPOSIT:	_____	ROUTE #:
BILL CODE:	_____	DEPOSIT DATE:	_____	SEQ. #:
			POLE #:	_____

PLEASE PRINT THE INFORMATION REQUESTED BELOW AND SIGN. PLEASE SUBMIT COMPLETED FORM WITH POSITIVE ID AND DEPOSIT OR PROOF OF OWNERSHIP.

SERVICE ADDRESS

TOWN

COMPANY NAME

START DATE
(WEEKDAYS)

MAILING ADDRESS

PHONE

FAX

EMAIL

SIC CODE

FID #

TYPE OF BUSINESS

IS THIS A LANDLORD ACCOUNT FOR COMMON AREAS (IE HALLWAYS, ECT.)? YES NO

DOES YOUR COMPANY HAVE 5 OR LESS FULL-TIME EMPLOYEES? YES NO

IF YES YOU MAY QUALIFY FOR STATE TAX EXEMPTION, PLEASE REQUEST FORM ST-13

DOES YOUR COMPANY MANUFACTURE TANGIBLE GOODS? YES NO

IF YES YOU MAY QUALIFY FOR STATE TAX EXEMPTION, PLEASE REQUEST FORM ST-12

IS YOUR COMPANY NON-PROFIT? YES NO

IF YES, YOU QUALIFY FOR STATE TAX EXEMPTION. PLEASE PROVIDE EXEMPT CERTIFICATE.

PROPERTY OWNER? YES NO

PRIOR HLP CUSTOMER? YES NO IF YES, WHERE? _____

LANDLORD

LANDLORD ADDRESS

LANDLORD PHONE #

WATER HEATER: ELECTRIC GAS OIL OTHER

AIR CONDITIONER? YES NO

HEAT: ELECTRIC GAS OIL OTHER

WINDOW CENTRAL

PLEASE SIGN ON REVERSE - APPLICATION INCOMPLETE WITHOUT SIGNATURE

CROMWELL WAIVER: THE CUSTOMER AGREES THAT ANY BALANCE OWED TO THE DEPARTMENT FOR SERVICES RENDERED IN THE CUSTOMER'S NAME AT ANY LOCATION MAY BE TRANSFERRED TO THE CURRENT ACCOUNT AND BECOME SUBJECT TO TERMINATION PROCEDURES IN ACCORDANCE WITH STATE REGULATION.

THE UNDERSIGNED HEREBY APPLIES FOR ELECTRIC SERVICE FROM THE HUDSON LIGHT AND POWER DEPARTMENT AT THE SERVICE ADDRESS LISTED ON THE OPPOSITE SIDE OF THIS FORM. IF SIGNING FOR ANOTHER PERSON, THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS THE AUTHORIZATION TO DO SO. THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ THE STANDARD TERMS AND CONDITIONS FOR ELECTRIC SERVICE AND AGREES TO ABIDE BY THEM. FURTHER, THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF THE RATES IN THE MATERIALS FURNISHED TO HIM/HER AND THAT THE RATES WERE EXPLAINED TO HIM/HER.

SIGNATURE

DATE

PLEASE PRINT NAME

**For access and protection, please create a password for your account:
The password may be required to access your account information.**

THE HUDSON LIGHT AND POWER DEPARTMENT IS OPEN MONDAY THROUGH FRIDAY (HOLIDAYS EXCLUDED) FROM 8 A.M. TO 4:30 P.M.

PAYMENT ADDRESS: PO BOX 844568, BOSTON MA 02284

ASK ABOUT OUR DIRECT DEBIT PAYMENT PROGRAM.

CORRESPONDENCE ADDRESS: 49 FOREST AVENUE, HUDSON, MA 01749

OUR STANDARD TERMS AND CONDITIONS CAN ALSO BE FOUND ON OUR WEBSITE AT WWW.HUDSONLIGHT.COM