



HUDSON LIGHT & POWER DEPARTMENT

49 FOREST AVENUE, HUDSON, MA 01749

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

E-MAIL: info@hudsonlight.com

RESIDENTIAL SERVICE APPLICATION

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

NAME

START DATE
(WEEKDAYS)

MAILING ADDRESS

PHONE

CELL PHONE

EMAIL

DATE OF BIRTH

SOC SECURITY #

DRIVERS LIC #

EMPLOYER

OCCUPATION

SPOUSE

SPOUSE EMPLOYER

SPOUSE DOB

SPOUSE SS#

SPOUSE CONTACT #

PROPERTY OWNER? ___ YES ___ NO

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

LANDLORD

LANDLORD ADDRESS

LANDLORD PHONE #

JOINT RENTERS/EMPLOYERS

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. Please indicate below if a spouse or joint renter may access your account.

PERSON WHO MAY ACCESS YOUR ACCOUNT

YOUR INITIALS

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