



HUDSON LIGHT & POWER DEPARTMENT

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GENERAL 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

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