



# 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](http://WWW.HUDSONLIGHT.COM)**