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
ACCOUNT#    PROPERTY OWNER?  YES  NO  ROUTE #:
START DATE:  DEPOSIT:  SEQ. #:
BILL CODE:  DEPOSIT DATE:  POLE #:
TAX EXEMPT: □ PERMANENT (CODE 10)  □ NON-PERMANENT (CODE 11)  RENEW DATE: _____________

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

IS YOUR COMPANY TAX EXEMPT (IF YES, CHECK EXEMPTION BELOW)?    □ YES  □ NO
□ SMALL BUSINESS - CURRENT DOR TAX EXEMPTION #
□ MANUFACTURING CONCERN
IF YES YOU MAY QUALIFY FOR STATE TAX EXEMPTION, PLEASE REQUEST FORM ST-12
□ NON-PROFIT
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.

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