

RESIDENTIAL

PLEASE PRINT

Last Name First Initial

Cus#

Acct#

APPLICATION FOR ELECTRIC SERVICE

BRAINTREE ELECTRIC LIGHT DEPARTMENT

150 Potter Road, Braintree, Mass 02184 Tel: (781) 348-BELD

Route _____

Prompt return of this application required for service to remain on.

Rate _____

APPLICATION DATE: _____ TURN ON DATE: _____

SERVICE ADDRESS _____ Daytime Tel. No. () _____

Owner of real estate _____

Billing Address _____

City or Town _____ State _____ Zip _____

Previous Address _____

City or Town _____ State _____ Zip _____

Signature of customer of record or authorized person _____ Soc. # _____

Print: _____

Driver's Lic: State _____ No. _____

Prior BELD Acct: Elec# _____ BB# _____

Senior Rate (65/+): _____ (principal residence only)

PAP: Transfer frm acct # _____ BB Elec (circle one)

New _____ Ap mailed _____ rec'd _____

BB: Existing Sub _____ Add _____

CATV / I-net info provided on (date): _____

Deposit Req'd: \$ _____ Rec'd Date _____ /CSR _____

AP Recd by _____ / CSR Approved by _____ / Spv

MTR#