

ASHLAND ELECTRIC DEPARTMENT

**6 Collins Street
Ashland, NH 03217**

**APPLICATION FOR ELECTRIC SERVICE
(PLEASE PRINT)**

*Required Information

Phone: 603-968-3083 Fax: 603-968-9048

DATE: _____ *

* RENT
* OWN

CUSTOMER NAME: _____ *

MAILING ADDRESS: (LAST) (FIRST) (MIDDLE INIT.) _____ *

LANDLORD _____ * FORMER TENANT _____ *

SERVICE LOCATION: _____ *APT.# _____ *

NAMES OF ALL ADULT RESIDENTS: _____ *

MARITAL STATUS: ___ MARRIED ___ SINGLE MAIDEN NAME _____ *

TELEPHONE NUMBER: _____ *

SOCIAL SECURITY NUMBER: _____ (optional)

DRIVERS LICENSE NUMBER: _____ *

EMPLOYER NAME & ADDRESS: _____ *

EMPLOYER TELEPHONE NUMBER: _____ *

EMERGENCY CONTACT NUMBER: _____ *

EFFECTIVE DATE OF SERVICE: _____

TYPE OF SERVICE REQUESTED: * RESIDENTIAL _____
SPACE HEATING _____ (electric heat)
COMMERCIAL SERVICE _____
WATER HEATING _____
OUTDOOR LIGHTING _____

SECURITY DEPOSIT: \$ _____

ACCOUNT # _____
(to be assigned)

BAD CHECK CHARGE: \$25.00 PLUS BANK CHARGES

CID# _____
(to be assigned)

(I, WE) _____ AGREE TO OBEY THE RULES AND REGULATIONS OF THE ASHLAND ELECTRIC DEPARTMENT. (I, WE) UNDERSTAND THAT THE BILLS ARE BILLED MONTHLY AND PAYABLE WITHIN THIRTY (30) DAYS FROM THE DATE OF THE BILL. (I, WE) AGREE TO PAY ANY AND ALL COSTS OF COLLECTIONS IN THE EVENT THAT (I, WE) DO NOT PAY THE BILL. THE ASHLAND ELECTRIC DEPARTMENT WILL BE NOTIFIED IN WRITING BEFORE (I, WE) MOVE AND A FORWARDING ADDRESS IN WRITING MUST BE FURNISHED.

(CUSTOMER'S SIGNATURE)

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD ON ANY FORM OF LIFE SUPPORT? YES ___ NO ___