



TOWN OF ASHLAND ELECTRIC DEPARTMENT
6 COLLINS STREET
ASHLAND, NH 03217

Office (603)968-3083
Fax (603)968-9048

APPLICATION FOR ELECTRIC SERVICE

(PLEASE PRINT)

*Required Information

*DATE _____

*Rent _____

*Own _____

*Customer Name _____
(First) (Middle Int.) (Last)

*Mailing Address _____

*Landlord _____ *Former Tenant _____

*Service Location _____ *Apt.# _____

*Names of all Adult Residents _____

*Telephone/Cell Phone Number(s) _____

Social Security Number _____ (Optional) *Drivers License # _____

*Employer Name & Address: _____

*Employer Telephone Number _____

*Type of Service Requested

residential _____

*Emergency Contact Number _____

electric heat _____

commercial _____

*Effective Date of Service _____

water heating _____

outdoor lighting _____

Security Deposit \$ _____ Account # _____ CID# _____
(to be assigned) (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 _____