



# THE TOWN OF NORWOOD

MUNICIPAL LIGHT DEPARTMENT - BILLING DIVISION

136 ACCESS ROAD, NORWOOD MA 02062

781-948-1200 - PHONE | 781-769-0660 - FAX | BusinessOffice@norwoodlight.com

## ELECTRIC SERVICE RESIDENTIAL APPLICATION

This application must be completed in its entirety and required documentation\* must be supplied before service can be established.

### SERVICE LOCATION

Service Location Address: \_\_\_\_\_

Unit/Apt #/Floor: \_\_\_\_\_ Requested Start Date for Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Service Location)

### APPLICANT INFO

Applicant Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Prior Address(es) in Norwood (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CO-APPLICANT INFO

Co-Applicant Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Prior Address(es) in Norwood (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \* Required Documentation:

- Photo ID
- Social security card or official document (i.e. tax form) with an SSN.
  - A \$100 deposit will be required if a social security number is not provided.
- A copy of the front page of your lease which shows the tenant(s) name(s), service location and the move in date.
  - If a copy of the lease is not available, we will accept a letter from the landlord with the same information.