



# The TOWN OF NORWOOD

Commonwealth of Massachusetts

## ELECTRIC SERVICE RESIDENTIAL APPLICATION

1)

\*LAST NAME (PLEASE PRINT)

\*FIRST NAME (PLEASE PRINT)

MIDDLE INITIAL

\*SOCIAL SECURITY NUMBER

\* DATE OF BIRTH

\* TELEPHONE NUMBER

**\*IF YOU PREVIOUSLY LIVED IN NORWOOD PLEASE LIST PRIOR ADDRESS(S):**

1.

APT #

2.

APT#

2)

\*LAST NAME (PLEASE PRINT)

\*FIRST NAME (PLEASE PRINT)

MIDDLE INITIAL

\*SOCIAL SECURITY NUMBER

\*DATE OF BIRTH

\*TELEPHONE NUMER

**\*IF YOU PREVIOUSLY LIVED IN NORWOOD PLEASE LIST PRIOR ADDRESS(S):**

1.

APT #

2.

APT#

\*REQUESTED SERVICE LOCATION (PLEASE PRINT)

\*UNIT NUMBER

\*REQUESTED DATE OF SERVICE

\*MAILING ADDRESS IF DIFFERENT FROM SERVICE LOCATION

1.

\*CUSTOMER SIGNATURE

DATE

2.

\*CUSTOMER SIGNATURE

DATE

*\*Required Fields*