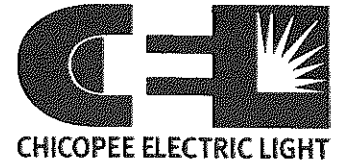


CHICOPEE ELECTRIC LIGHT

Residential Application for Service



STK# 10-03600

This application is a legal contract between the Applicant for utility services and the City of Chicopee Municipal Lighting Plant (CMLP).

(PLEASE PRINT CLEARLY)

Application # _____

Today's Date _____ Date to be Set _____ Taken by _____

Customers Name _____ SSI#/FID# _____

Service Location _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Emergency Phone _____

Previous / Current CMLP Customer: No Yes, Street Address _____

Employer's Name _____ Business Phone _____

Employer's Address _____ City _____ State _____ Zip _____

Nearest Relative _____ Phone _____ Address _____

Spouse / Co-signer _____ SSI#/FID# _____

Employer's Name _____ Phone _____

Landlord Name _____ Phone _____

Landlord Address _____ City _____ State _____ Zip _____

Are all residents 65 years or older: Yes No

Does Service Operate Life Support Equipment: Yes No

Type of Heat: Electric Gas Oil

Do you pay for Heating: Yes No

Type of Water Heating: Electric Gas Oil

Do you pay for Hot Water: Yes No

TERMS AND CONDITIONS

I HEREBY certify that the foregoing information is true and complete. I HEREBY agree to abide by the Terms and Conditions set forth by CMLP of which I have been given a copy.

Authorized Signature _____ Date _____

Co-Signer Signature _____ Date _____

CREDIT / DEPOSIT INFORMATION

I agree that CMLP may obtain information at any time from a consumer-reporting agency regarding my credit worthiness. Any information obtained by CMLP will not be disseminated to any third party without my permission. If CMLP takes any adverse action as a result of information contained in my report, CMLP shall furnish the name and address of the consumer reporting agency making the report to me.

Signature _____ Date _____

OFFICE USE ONLY

Residential Deposit \$ _____ Cash Check # _____ Other _____

Taken by _____ Receipt # _____ Approved By _____

Account # _____ Debtor # _____

Disconnect Date _____ Final Bill Amount \$ _____

Mailing Address _____

Turned over to Collection Agency Yes No Date turned over _____ To _____

Remarks: _____