

# 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: \_\_\_\_\_