



Cromwell Waiver

Date _____

Chicopee Electric Light
725 Front Street
Chicopee, MA 01020

Attention Credit Department

I accept responsibility for any amount incurred under account

_____ at _____

I understand the Chicopee Electric Light will transfer this amount to my new account.
In my name at:

I agree to waive my right to protection from termination for non-payment of this amount
Under D.P.U. 18123 Cromwell vs. Boston Gas Co., November 1974.

I understand that Chicopee Electric Light agrees to initiate my service in my name at:

Customer Signature

Date

Chicopee Electric Light

Date

Please print this form, fill in all appropriate fields, sign it and return the form or mail form to Chicopee Electric Light, P.O. Box 405, 725 Front Street, Chicopee, MA 01021-0405.