



PLEASE _____
PRINT _____

Cus#

Acct#

_____ Last Name First Initial

COMMERCIAL

APPLICATION FOR ELECTRIC SERVICE

BRAINTREE ELECTRIC LIGHT DEPARTMENT

150 Potter Road, Braintree, MA 02184 Tel: (781) 348-BELD

Prompt return of this application required for service to remain on.

Route _____

Rate _____

MTR
#

APPLICATION _____

TURN ON _____

DATE: _____

DATE: _____

SERVICE _____

Daytime Tel No. _____

ADDRESS _____ () _____

Owner of real estate _____

Billing Address _____

City or Town _____ State _____ Zip _____

Residence address _____

City or Town _____ State _____ Zip _____

Signature of customer of
record or authorized person _____

F.I.D.# _____

Print: _____ Title _____