



PLEASE
PRINT

Last Name First Initial

Cus#

Acct#

RESIDENTIAL

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 _____

Previous Address _____

City or Town _____ State _____ Zip _____

Last 4 Soc Sec# _____ MA ID# _____

Signature of customer of
record or authorized person _____

Print: _____