

Braintree Electric Light Department  
150 Potter Road  
Braintree, MA 02184  
781.348.BELD (2353)  
Fax: 781.348.1002  
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**BRAINTREE ELECTRIC LIGHT DEPARTMENT  
APPLICATION FOR RESIDENTIAL ELECTRICAL SERVICE**

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

*Please print*

**Application Date:** \_\_\_\_\_ **Account Start Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Service Address: \_\_\_\_\_

Town: Braintree State: MA Zip Code: 02184

Email Address: \_\_\_\_\_ Phone: C: \_\_\_\_\_ H: \_\_\_\_\_

Billing Address: \_\_\_\_\_ *If different than service address*

Previous Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last 4 Social Security: \_\_\_\_\_ MA ID#: \_\_\_\_\_

Owner or Landlord of Property: \_\_\_\_\_

Signature of customer of record or authorized person: \_\_\_\_\_

Print: \_\_\_\_\_

**::: For office use only :::**

Customer # \_\_\_\_\_

Account # \_\_\_\_\_

Meter # \_\_\_\_\_

Route # \_\_\_\_\_