

WAKEFIELD MUNICIPAL GAS & LIGHT DEPT.  
9 Albion Street, Wakefield, MA 01880  
tel. 781-246-6363 FAX 781-246-0419

PROOF OF IDENTIFICATION  
(2 REQUIRED)

1) F.I.D.#
2)

APPLICATION FOR SERVICE

COMMERCIAL CUSTOMERS

DATE: \_\_\_\_\_

DATE YOU DESIRE SERVICE IN YOUR NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ FLOOR & SUITE #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

TYPE OF BUSINESS:      CIRCLE ONE:      RETAIL      MANUFACTURING

ARE YOU EXEMPT FROM SALES TAX ON YOUR ENERGY USAGE? CIRCLE: YES NO

PHONE NO: \_\_\_\_\_ EMERGENCY PHONE NO: \_\_\_\_\_

OWNER OF THE PROPERTY: \_\_\_\_\_

TELEPHONE NUMBER OF OWNER: \_\_\_\_\_

ARE YOU INTERESTED IN A DIRECT PAYMENT PLAN? CIRCLE ONE: YES NO

ARE YOU RESPONSIBLE FOR PAYING YOUR OWN HEAT? CIRCLE ONE: YES NO

IF YES, CIRCLE ONE:      ELECTRIC HEAT      GAS HEAT      OIL HEAT

IS THERE CURRENTLY GAS SERVICE ON THE PROPERTY? CIRCLE ONE: YES NO

**NOTE: IF GAS SERVICE IS TO BE TURNED ON, SOMEONE MUST BE THERE TO ALLOW THE SERVICEMAN ACCESS TO THE METER AND PILOTS.**

THE DEPARTMENT REQUIRES A DEPOSIT BEFORE SERVICES WILL BE TURNED ON. THE DEPOSIT IS BASED UPON THE HISTORY OF THE ACCOUNT, THE TYPE OF BUSINESS AND EQUIPMENT USED, AND WHETHER PAYING FOR GAS OR ELECTRIC HEAT. COMMERCIAL DEPOSITS ARE BASED ON AN ESTIMATED THREE-MONTH CONSUMPTION.

SIGNATURE OF APPLICANT: \_\_\_\_\_

OFFICE USE ONLY:

Name (Previous): \_\_\_\_\_

Previous Acct. #: \_\_\_\_\_ New Acct. #: \_\_\_\_\_

Deposit Required: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

SIC Code Assigned: \_\_\_\_\_

Application Received By: \_\_\_\_\_

SPECIAL NOTES: