

Concord Municipal Light Plant Application for Service

Date: _____

CONCORD MUNICIPAL LIGHT PLANT
1175 Elm Street P.O. Box 1029
Concord Massachusetts 01742
978-318-3101

*Please check appropriate spaces and then mail to the above address. Incomplete application forms will **not** be processed.*

Permanent Service: _____ Temp Service: _____ Commercial: _____ Apartment: _____

Property / Home-owner: _____ Contractor: _____ Residential: _____
Condominium: _____

Square Footage: _____ Single Phase: _____ Three Phase: _____ Common
Area _____

Account Name: _____

Service Address: _____ Unit # (if applicable)

Applicant Responsible for
bill: _____

Billing Address: _____

Signature: _____

Social Security #

Telephone:
Home: _____

Work: _____