

**Hardwick Electric Department
123 N Main St, Po Box 516
Hardwick VT 05843
Phone: 802-472-5201
Fax: 802-472-6769**

**HARDWICK ELECTRIC DEPT CUSTOMER APPLICATION FOR
ESTABLISHMENT OF ELECTRIC SERVICE**

CUSTOMER NAME: _____ DOB: _____
JOINT CUSTOMER: _____ DOB: _____

SERVICE ADDRESS: _____
TOWN/STATE: _____ **ZIP:** _____

IF BILLING ADDRESS IS DIFFERENT THAN THE SERVICE ADDRESS:

NAME: _____
BILLING ADDRESS: _____
TOWN/STATE: _____ ZIP: _____

TELEPHONE: _____ **CELL:** _____

EMAIL ADDRESS: _____

.....
ARE YOU: TENANT _____ OWNER: _____

IF TENANT – OWNER NAME: _____
ADDRESS: _____
TELEPHONE: _____

IF NEW OWNER – PREVIOUS OWNER: _____
ADDRESS: _____
TELEPHONE: _____

IS THIS YOUR MAIN RESIDENCE **FOR AT LEAST 7 MONTHS A YEAR?**
YES _____ NO _____

IF COMMERCIAL – OWNER’S NAME AND TYPE OF BUSINESS:

ELECTRIC HEAT: YES _____ NO _____

EMPLOYER: _____ PHONE: _____

I (WE) HEREBY APPLY FOR ELECTRIC SERVICE, TO BE FURNISHED IN ACCORDANCE WITH THE HARDWICK ELECTRIC DEPARTMENT'S APPLICABLE RULES AND REGULATIONS AS FILED WITH AND APPROVED BY THE VERMONT PUBLIC SERVICE BOARD AND ARE AVAILABLE FOR REVIEW AT THE HARDWICK ELECTRIC DEPARTMENT OFFICE. I (WE) AGREE TO PAY FOR SUCH ELECTRIC SERVICE IN ACCORDANCE WITH THE DEPARTMENT'S APPLICABLE RATE SCHEDULES.

NOTICE

PURSUANT TO SECTION 1704 OF THE CHARTER OF THE TOWN OF HARDWICK AND NO. 192 OF THE ACTS OF 1898, CHARGES FOR ELECTRIC SERVICE ARE A LIEN UPON REAL ESTATE IN THE SAME MANNER TO AND THE SAME EFFECT AS TAXES ARE A LIEN UPON REAL ESTATE UNDER 32 V.S.A. 5061. PROPERTY OWNERS AND TENANTS ARE ADVISED THAT CHARGES FOR ELECTRIC SERVICE ARE A LIEN UPON REAL ESTATE REGARDLESS OF WHETHER THE PROPERTY OWNER OR THE TENANT PAYS FOR ELECTRIC SERVICE.

BEFORE CHARGES FOR ELECTRIC SERVICE ARE BILLED TO A TENANT THE PROPERTY OWNER MUST COMPLETE A FORM AUTHORIZING THE HARDWICK ELECTRIC DEPARTMENT TO BILL THE TENANT FOR ELECTRIC SERVICE.

H.E.D. REQUIRES **TWO FORMS OF IDENTIFICATION**. IF YOU ARE NOT SIGNING THIS APPLICATION IN PERSON, PLEASE PROVIDE COPIES OF YOUR IDENTIFICATIONS WITH THIS APPLICATION.

CUSTOMER SIGNATURE: _____ DATE: _____

DRIVERS LICENSE #: _____

2ND FORM OF IDENTIFICATION: _____

JOINT CUSTOMER: _____ DATE: _____

DRIVERS LICENSE #: _____

2ND FORM OF IDENTIFICATION _____

RECEIVED BY: _____
(HED REPRESENTATIVE)

DEPOSIT

CONTACT BILLING DEPARTMENT
802-472-5201

NAME: _____

ACCOUNT #: _____

DEPOSIT AMOUNT: _____

RETURN OF DEPOSIT RULES

1. MUST HAVE 12 CONSECUTIVE MONTHS WITH **NO DISCONNECTIONS AND NO MORE THAN 3 DISCONNECT NOTICES.**
2. DEPOSITS WILL BE APPLIED TO THE FINAL BILL, IF IT HAS NOT BEEN PREVIOUSLY REFUNDED OR APPLIED.
3. INTEREST IS ACCUMULATED EACH MONTH.

SIGNATURE: _____ DATE: _____

RECEIVED BY: _____

(HED REPRESENTATIVE)

HARDWICK ELECTRIC DEPARTMENT
P.O. BOX 516
HARDWICK, VT 05843
PHONE - 802-472-5201 FAX - 802-472-6769

LANDLORD/AGENT VERIFICATION

Please fill out the below information pertaining to the rental unit:

Account Number

Meter Number

Apt #

Street Location

Name of Renter (s)

Effective Date

Signature of Owner or Agent

Today's Date

PLEASE BE AWARE THAT ANY UNPAID BILL LEFT BY A TENANT BECOMES A LIEN ON THE PROPERTY AS STATED IN OUR TOWN TARIFF.

I, _____ do hereby authorize my landlord access to my electric account information.

Signature of Tenant (s)

Today's Date