



THE TOWN OF NORWOOD

MUNICIPAL LIGHT DEPARTMENT - BILLING DIVISION

136 ACCESS ROAD, NORWOOD MA 02062

781-948-1200 - PHONE | 781-769-0660 - FAX | BusinessOffice@norwoodlight.com

ELECTRIC SERVICE RESIDENTIAL APPLICATION

This application must be completed in its entirety and required documentation* must be supplied before service can be established.

SERVICE LOCATION

Service Location Address: _____

Unit/Apt #/Floor: _____ Meter Number: _____

Requested Start Date for Service: _____

Mailing Address: _____
(If different from Service Location)

APPLICANT INFO

Applicant Full Name: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Email Address: _____

Prior Address(es) in Norwood (if applicable): _____

Signature: _____ Date: _____

CO-APPLICANT INFO

Co-Applicant Full Name: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Email Address: _____

Prior Address(es) in Norwood (if applicable): _____

Signature: _____ Date: _____

* Required Documentation:

- Photo ID
- Social security card or official document (i.e. tax form) with an SSN.
 - A \$100 deposit will be required if a social security number is not provided.
- A copy of the front page of your lease which shows the tenant(s) name(s), service location and the move in date.
 - If a copy of the lease is not available, we will accept a letter from the landlord with the same information.
- Electric Meter Number