



## BOYLSTON MUNICIPAL LIGHT DEPARTMENT

16 Paul X Tivnan Drive, P.O. Box 753 • Boylston, MA 01505 • Tel. 508-869-2626 • Fax 508-869-6130

### Application for Electric Service Owners

#### Applicant Information

Full Name: *First* *Last* Date:

Address: *Street Address* *Unit #*

*City* *State* *ZIP Code*

Phone: Email:

**I agree to the terms and schedule of rates governing this class of service in accordance with BMLD and the Department of Public Utilities, which are on file.**

Applicant's signature

Effective date of service

Employer

**Please email your completed application back to [jlacroix@boylstonlight.org](mailto:jlacroix@boylstonlight.org) or [smead@boylstonlight.org](mailto:smead@boylstonlight.org) Thank you!**