



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 or smead@boylstonlight.org Thank you!