



TOWN OF MADISON, DEPT. OF ELECTRIC WORKS
6 BUSINESS PARK DR.
MADISON, ME 04950
PHONE 696-4401 FAX 696-5627

\$25_____

Residential: _____ General Service: _____

Date of Application: _____ Date Service to be connected: _____

Name: First _____ Middle int. _____ Last _____ Maiden Name _____

Name of other **Adult** occupant(s): _____

Have you ever had an account with Madison Electric under this name or any other name?

Yes: _____ No: _____ If yes, please indicate other name: _____

Location where service is desired: Street: _____ Town: _____

Mailing Address: _____ Town: _____ ST: _____ Zip: - _____

Home Tel #: _____ CELL #: _____

Email: _____ PAPERLESS BILLING YES _____ NO _____

SS.# _____ - _____ - _____ DOB _____ Drivers license# _____

Place of Employment: _____ Length of Employment: _____

Address of Employer: _____

Name of closest relative not living with you? _____

Their Address _____ Relationship _____

DO YOU Own the Property: Yes No (Landlords name) if renting: _____

Applicants Previous Address: _____

Utility serving Previous Address: _____ Amount owed: _____

Business 1 _____

Credit References: 2 _____

3 _____

THERE IS A COMPOUNDING FINANCE CHARGE OF .892 % ON PAYMENTS THAT ARE LATE.

Applicants Signature: _____ ACCT# _____

YOU CAN PAY YOUR BILL ON LINE AT: *madelec.net.*