



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

PAID \$25 _____

General Service: _____ Large Power: _____

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

OWNERS Name: First _____ Middle int. _____ Last _____

Business Name: _____

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: _____

Exact Mailing Address: Street: _____

Town: _____ Zip: _____

DO YOU own the property? Yes _____ No _____ If no, Landlord's name _____

FED ID _____ - _____ - _____ Telephone #: _____

Email address: _____ PAPERLESS BILLING: YES ___ NO ___

Credit References: 1 _____

2 _____

3 _____

Applicant's Signature: _____ ACCT# _____