



**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: _____

OWNER :Name: First_____ Middle int.____ Last _____

Business Name: _____

APPLICANT Name: First_____ Middle int.____ Last _____

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: _____ STATE: _____ Zip: _____

Drivers license # _____ CELL# _____

FED ID / SS _____ - _____ - _____ Telephone #: _____

EMAIL ADDRESS: _____

Credit References: 1 _____

2 _____

3 _____

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

Applicants Signature: _____ ACCT# _____

You can receive your bill by email. Sign up on line at madelec.net