

# VILLAGE OF MORRISVILLE WATER & LIGHT DEPARTMENT

857 ELMORE STREET  
P.O. BOX 460  
MORRISVILLE, VT 05661  
(802) 888-3348

## APPLICATION FOR NEW ELECTRIC SERVICE OR UPGRADE TO EXISTING SERVICE

Please complete this form, sign and return it to the office

Applicant Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### Location of Property:

Town \_\_\_\_\_ Road/Street \_\_\_\_\_ E-911 \_\_\_\_\_

\*\* Complete sketch on back showing property lines, planned location of the building, driveway, road, and existing poles or provide site plan of the lot or development.

### Type of Service:

Residential [ ] Commercial [ ] Industrial [ ] Farm [ ] Multi-family [ ] Mobile Home [ ]

Other \_\_\_\_\_

Single Phase [ ] Three Phase [ ]

Primary Extension : Overhead [ ] Underground [ ]

Service to building : Overhead [ ] Underground [ ]

Meter Location : Pole [ ] Pedestal [ ] Building [ ] Other: \_\_\_\_\_

### Size of Service:

100 amp [ ] 200 Amp [ ] Other: \_\_\_\_\_ Amp (load sheet required if >200amp)

### Voltage Requested:

#### Single Phase:

120/240 volt ( 3 wire) [ ]

120/240 volt ( 4 wire) [ ] (mobile home)

#### Three-Phase:

120/208Y 4-wire [ ]

277/480Y 4-wire [ ]

Other: \_\_\_\_\_ \* (Need MWL approval for any voltage not listed above)

### Non-Standard Equipment:

List any special equipment being installed ( i.e. welder, electric heat , large load appliance, etc.)

\_\_\_\_\_

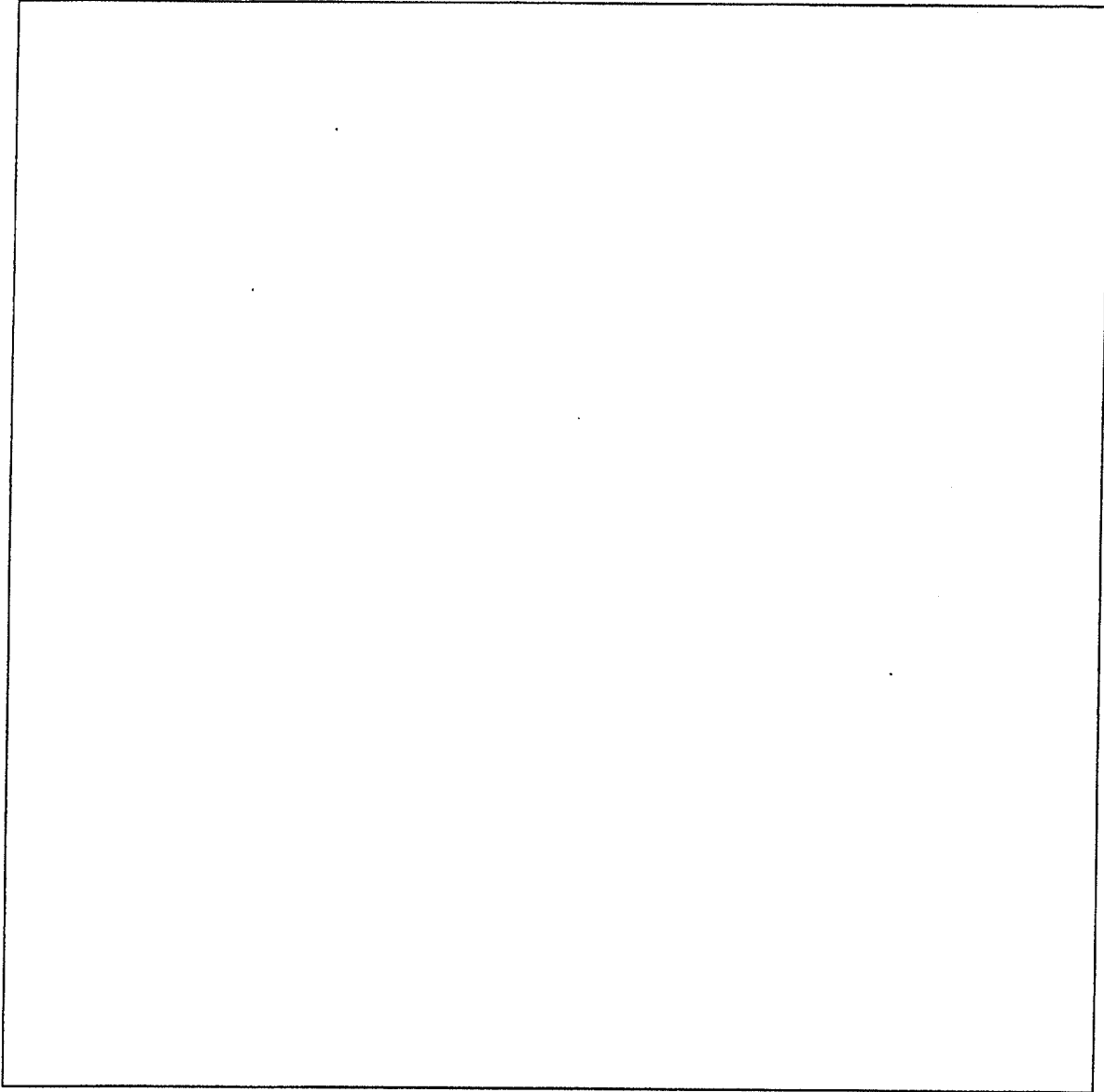
Motors over 5 H.P. (if size of service is 200 amp or less)

\_\_\_\_\_

\_\_\_\_\_

**Auxiliary Generator / Power Generation:** Yes [ ] No [ ] **Net Metering:** [ ]  
Describe equipment if yes. \_\_\_\_\_

**Site Sketch**



**Date Service is Needed:** \_\_\_\_\_

**Application fee: \$250 [ ] Date** \_\_\_\_\_ **(required if extension needs pole(s) or ug primary)**

**Applicants Signature :** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Note : This is only an application to extend service to the property/building. You must apply at Customer Service to establish an electric service account in your name before a meter will be installed.**

Account # \_\_\_\_\_  
Previous Owner: \_\_\_\_\_

Deposit Requirement: \_\_\_\_\_

VILLAGE OF MORRISVILLE WATER AND LIGHT DEPARTMENT (MW&L)  
857 Elmore Street  
Morrisville, Vermont 05661-8408  
(802) 888-3348  
Fax (802) 888-5911

APPLICATION FOR ESTABLISHMENT OF UTILITY SERVICE(S)

Customer's Name \_\_\_\_\_

Customer's Soc. Sec. # \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Service Address: Street \_\_\_\_\_

Town/Village \_\_\_\_\_ Zip \_\_\_\_\_

Billing address: Name \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Joint Customer \_\_\_\_\_

Joint Customer's Soc. Sec. # \_\_\_\_\_

Joint Customer's Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Joint Customer's Current Employer \_\_\_\_\_

Joint Customer's Employer's Phone Number \_\_\_\_\_

Have either of you ever had service with MW&L? \_\_\_\_\_ If yes,  
location and when: \_\_\_\_\_ Acct # \_\_\_\_\_

Have either of you ever had service with another electric  
utility? \_\_\_\_\_ If yes, what utility and when: \_\_\_\_\_

\_\_\_\_\_ Acct # \_\_\_\_\_

Are you: Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Landlord: Name \_\_\_\_\_

Over →

When do you want service to begin? \_\_\_\_\_

Is this your main residence:        Yes        No

If commercial, owner's name and type of business: \_\_\_\_\_

Electric Heat:        Yes        No

**FOR SCHEDULED INTERRUPTIONS OF SERVICE(S)**, will there be anyone in this household on emergency medical life support requiring electricity or municipal water?        No        Yes. **If yes, please fill out our Emergency Medical Condition form.**

\*\*\*\*\*

I (We) hereby apply for utility service(s), to be furnished in accordance with the Village of Morrisville Water & Light Department's Rule and Regulations as filed with and approved by the Vermont Public Service Board and are available for review at the MW&L office at 857 Elmore Street, Morrisville, Vermont. I (we) agree to pay for such service(s) in accordance with the Department's applicable rate schedules.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR INTERNAL USE ONLY</b>	
_____	Check Harris for previous/other accounts
_____	Deposit/Credit Ref
_____	ID
_____	Terms & Conditions
_____	On-line access instructions
_____	Credit Card Form
_____	
_____	Acct. built on _____