

In addition to this completed application, you will need to provide Pascoag Utility District with a copy of the lease, note from the landlord indicating the electricity is to be put in your name, or purchase and sales agreement. Please contact the office at 401-568-6222 to determine the amount of your electrical deposit. Deposits for commercial or industrial customers vary; they are based on an average two-months consumption of electricity for a company of its size.

APPLICATION FOR ELECTRIC SERVICE - BUSINESS

Company Information

Company Name: _____

Service Address: _____

Mailing Address (if different from above): _____

_____ Requested Date of Service: _____

Business Phone Number: _____ Federal ID Number: _____

Type of business: () Sole Proprietor () Incorporated () Municipal () Other: _____

Contact Information:

Contact Name: _____

Title: _____ Work Number: _____ Ext: _____

Cell Phone Number: _____

E-mail Address: _____

Driver ID Number: _____ State of Driver ID: _____ Birth date: _____

I hereby apply for electric service and agree to take such service from Pascoag Utility District in accordance with the Terms and Conditions on file with the Rhode Island Public Utilities Commission. A copy of the Terms and Conditions is available at the District office, 253 Pascoag Main Street, Pascoag, RI. If my account becomes delinquent, I agree to pay all costs of collection, including all reasonable attorneys' fees and costs.

****Electric deposit refunds will be issued to the customer of record. NO EXCEPTIONS WILL BE MADE. ****

Customer's Signature: _____ Date: _____

For Company Use Only:

Account Number: _____ Application Date: _____

Driver's License Verified by: _____ Deposit Amount: _____