

# Town of Wallingford, Connecticut

DEPARTMENT OF PUBLIC UTILITIES  
ELECTRIC DIVISION  
BUSINESS OFFICE  
100 JOHN STREET  
WALLINGFORD CT 06492  
VOICE: 203-294-2020  
FAX: 203-294-2027

## RESIDENTIAL CONTRACT FOR SERVICE

The applicant whose signature appears on the application hereby makes application to the ELECTRIC DIVISION, Department of Public Utilities, for electric service to be supplied on the premises described, and at such subsequent location as the applicant may use service. The applicant agrees to pay for such service as bills are rendered therefor, in accordance with rates, rules and regulations now in effect, or as may hereafter be amended and in effect at the time of delivery. In the event of default to my agreement to pay, I accept responsibility for all collection costs incurred.

It is also understood that the department may require as security for payment of bills, a cash deposit of such amount as it deems adequate for its protection, and the increase of such deposit in accordance with the amount of increase in the monthly bills. The deposit will be returned upon discontinuation of service, provided any or all bills shall have been paid; otherwise, the amount owing shall be deducted from the deposit.

CUSTOMER ID#: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

FEDERAL ID# (SSN/EIN): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DRIVER'S LICENSE (STATE/#): \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

Individual ☐

Proprietor ☐

Corporation ☐

DEPOSIT AMOUNT REQUIRED: \_\_\_\_\_

DEPOSIT WAIVED (Y/N): \_\_\_\_\_

WAIVER REASON: \_\_\_\_\_

DEPOSIT AMOUNT RECEIVED: \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_

## DEPARTMENT OF PUBLIC UTILITIES

WALLINGFORD, CT 06492

REQUEST FOR FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION  
(SUBSTITUTE FORM W-9)

Customer ID#: \_\_\_\_\_

Customer Name / Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part 1 Fill in ONE section only:

<b>INDIVIDUAL</b>		
Social Security Number:	<input type="text"/>	I
Name on IRS records:	_____	
	(This must be the NAME of a PERSON.)	
<b>BUSINESS</b> (fill in TIN under the form of business that applies to you):		
1. Sole Proprietorship/Sole Member LLC:	The NAME of the PERSON who is owner is REQUIRED.	
Social Security Number:	<input type="text"/>	S
Or		
Employer Id Number:	<input type="text"/>	E
REQUIRED-->	Name of owner on IRS Records: _____	
	(This must be the NAME of a PERSON.)	
2. Partnership, Multi-Member LLC, Limited Partnership (LP) (LLP) (PA) Trust or Estate		
Employer Id Number:	<input type="text"/>	P
Business name on IRS records:	_____	
3. Corporation (Inc). Tax-exempt or other exempt business entity		
Employer Id Number:	<input type="text"/>	C
Business name on IRS records:	_____	

## Part 2 Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest Or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person or other U.S. person (including a U.S. resident alien).

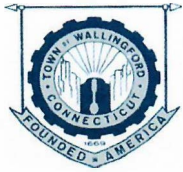
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently Subject to backup withholding because you have failed to report all interest and dividends on your tax return.

## Part 3 Signature:

Signature \_\_\_\_\_  
Title \_\_\_\_\_

Date \_\_\_\_\_

We are required by law to obtain this information from you when making a reportable payment to you.



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### RESIDENTIAL CUSTOMER BILL OF RIGHTS

- A. Utility service will not be terminated for non-payment of a disputed bill while the complaint is pending. The customer is responsible, however, for paying any portion of the bill that is not in dispute, as well as all future bills on a current basis.
- B. If a customer disputes a payment arrangement, the company will refer the customer to a Division review officer.
- C. If a customer disagrees with the decision of the review officer, the customer has the right to appeal the decision to the Public Utilities Commission (PUC) at 100 John Street, Wallingford, CT 06492, telephone (203) 294-2263.
- D. If the PUC is unable to settle the dispute to the satisfaction of both the customer and the Division, both the customer and the Division have the right to request a formal hearing before the PUC.
- E. During the time which a customer is appealing a payment arrangement, electric service will not be shut off.
- F. Any residential customer may request that a third person, designated by the customer, receive copies of all notices pertaining to termination of services sent by the Electric Division.
- G. If you are a tenant and the termination of service is threatened, you have the right to have service put in your name, or if individually metered, or if master metered, in the name of all the tenants, if they agree.
- H. During the time which a customer is appealing a payment arrangement or a denial of hardship status, electric service will not be shut off.

It will be the policy of the Electric Division to notify our delinquent accounts:

- 1. That 13 days after mailing notice, the service will be subject to termination for non-payment.
- 2. The conditions required to prevent shut off.
- 3. The availability of payment arrangements to those customers who have not previously defaulted on an arrangement.
- 4. The specific date after which shut-off may be made.
- 5. The conditions for restoration of service, such as reconnect fees, etc.
- 6. A brief explanation of the customer's rights outlined previously.

### CUSTOMER DEPOSIT

A residential customer deposit, if applicable, will be held for a minimum period of 12 months. If, during that time, the customer has made all payments on a timely basis, the deposit plus accrued interest will be credited to the customer. Interest will accrue at a rate adopted annually by the Public Utilities Commission.

### HARDSHIP – RESIDENTIAL

Starting November 1 and ending May 1 of each year, when a legitimate hardship exists with a residential customer, the Electric Division will not shut off nor refuse to turn on service, provided the necessary declaration of hardship has been filed. The customers should contact Customer Service at (203) 294-2020.

Legitimate hardship exists when a customer:

- A. Is receiving local, state or federal public assistance.
- B. Has Social Security, veteran's or unemployment compensation as his/her major source of income.
- C. Is an unemployed head of household.
- D. Is seriously ill or any resident of the customer's home is seriously ill.
- E. Has income falling below 125 percent of the federal poverty guidelines.
- F. Would be deprived of the necessities of life if payment of a delinquent account is required. Necessities of life are defined as things without which survival would be endangered, including but not limited to food, clothing, shelter and medical expenses.