Wallingford Electric Division

Town of Wallingford, Connecticut

WALLINGFORD ELECTRIC DIVISION
100 JOHN STREET
WALLINGFORD, CT 06492
VOICE: 203-294-2020
EMAIL: electricservice@wallingfordct.gov

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 therefore, in accordance with raises, 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:

EMAIL ADDRESS:

SERVICE ADDRESS:

MAILING ADDRESS:

I agree to assume the balance of previous account holder. (if applicable)

(Initials)

DATE NEEDED: (Note: Monday-Friday, NO Weekends or Holidays)

SIGNATURE: *Your typed name serves as your electronic signature and confirms your acceptance of the terms herein.*

PRINTED NAME:

TITLE:

DATE: REPRESENTATIVE:

DEPOSIT AMOUNT REQUIRED:

DEPOSIT WAIVED (Y/N): WAIVER REASON:

DEPOSIT AMOUNT RECEIVED: PAYMENT METHOD:

ELECTRIC DIVISION - DEPARTMENT OF PUBLIC UTILITIES 100 JOHN ST, 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:

INDIVIDUAL

Social Security Number: I

Name on IRS records:
(This must be the NAME of a PERSON.)

BUSINESS (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: S

or

Employer ID Number: 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: P

Business name on IRS records.

3. Corporation (Inc), Tax-exempt or other exempt business entity

Employer ID Number: 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 issues 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 **Date**

Title

Your typed name serves as your electronic signature and confirms your acceptance of the terms herein.

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

EMAIL COMPLETED FORM TO: ELECTRICSERVICE@WALLINGFORDCT.GOV

BILL OF RIGHTS

A. A customer who has received a termination notice and wishes to dispute the reason given for termination should contact the Electric Division directly at 203-294-2020.

B. Within 7 days of receiving the termination notice, any customer may request orally (tel. 203-294-2020) or in writing that a company review officer review the dispute.

C. Utility service will not be terminated for non-payment while a complaint, review or hearing is pending. However, the customer is still responsible for keeping current any charges on the account not in dispute, as well as charges that accrue in subsequent bills.

D. If a customer disagrees with the decision of the review officer, the customer may appeal the decision in writing to the Public Utilities Commission (PUC) at 100 John Street, Wallingford, CT 06492.

E. If the PUC cannot settle the dispute either party has the right to request a formal hearing before the PUC.

F. Any customer may request that a third party, designated by the customer, receive copies of all notices pertaining to termination of service.

G. If you are a tenant and have received notice of intent to terminate service, you have the right to have service put in your name, if individually metered, or in the name of all the tenants, if master metered and all tenants agree.

If an account becomes delinquent, it is the policy of the Electric Division to notify the customer:

1. That service is subject to termination for non-payment 13 days after mailing the notice.
2. The specific date after which service may be shut-off.
3. The conditions required to prevent shut-off.
4. The availability of a payment arrangement to customers who have not previously defaulted on an agreement.
5. The conditions for restoration of service, if service has been terminated, such as reconnect fees, etc.

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 refunded to the customer. Interest will accrue at a rate adopted annually by the Public Utilities Commission.

HARDSHIP-RESIDENTIAL

Between November 1 and May 1 of each year, the Electric Division will not shut off or refuse to turn on service, when a legitimate hardship exists with a residential customer and the necessary declaration of hardship has been filed. Customers wishing to file a hardship declaration should contact Customer Service at (203)-294-2020.

A legitimate hardship may exist when a customer:

A. Is receiving local, state or federal public assistance, OR
B. Is receiving Social Security, Veteran's benefits or unemployment compensation as his/her sole source of income, OR
C. Is an unemployed head of household, OR
D. Suffers from a serious illness or any resident of the customer's home is seriously ill, per certification by a registered physician, OR
E. Has income falling below 125 percent of the federal poverty guidelines, OR
F. Would be deprived of the necessities of life if payment of a delinquent account were required.

If a residential customer has been denied a hardship claim and wishes to dispute the denial, the Electric Division will refer the dispute to a review officer. Electric service will not be shut off during the review. However, the customer remains responsible for keeping current any charges on the account and may be subject to shut off or collection at the conclusion of the hardship review or at the end of the hardship period, if approved.