



1175 Elm Street, PO Box 1029 / Concord, Massachusetts 01742  
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## TEMPORARY OR PERMANENT ELECTRIC SERVICE APPLICATION

Each **service location** (address) requires a *separate* application along with a separate check for location fees and security deposits for each service requested. Check the appropriate requests and bring completed application, and payment to address above.

Prior to any electrical work being done at a service location, please contact CMLP Engineering at 978-318-3116 to review the requirements and determine an acceptable plan for installing the electric service and meter socket.

Reason for Service Request:  Demo/New Construction  Renovation Existing Structure

Service Location: \_\_\_\_\_ Unit No. \_\_\_\_\_

Type of Service:  Temporary  Permanent  Pole Set  EV TOU  EV PERM

Perm Service Size:  200 Amp  320 Amp

### Note:

EV Charger applications: check EV TOU if accepting the TOU rate (must keep for 1-year) or EV PERM if you intend to apply for EV Miles Rebate. Cannot have both.

### **Temporary Service requirement**

A one-time, non-refundable fee of \$550 and a refundable security deposit of \$480.00 must accompany the application. Service will be scheduled after CMLP receives approval from the Building/Wiring Inspector. The fee and deposit also cover switching from temporary service to permanent service after the Wiring Inspector gives final approval. (Separate checks are required). Government Agencies are not required to pay a Security Deposit however, the Temp processing fee must be paid.

### **Permanent Service requirement**

A refundable security deposit of \$480.00 must accompany the application. Installation will be scheduled once we receive approval from the Building/Wiring Inspector. **\*No deposit required for EV Chargers.**

### **Pole requirement**

A non-refundable Private Pole fee will follow the advance for construction process. All requests will be referred to Engineering for an Advance for Construction letter. The cost will be calculated based on a field assessment and communicated as a letter. No monies are due at time of application unless previously stated by engineering.

The undersigned represents that he/she is Customer or a duly authorized representative of Customer and is hereby requesting Town of Concord Municipal Utilities to supply service to the location indicated on this application. The undersigned Customer agrees to pay for services, and to abide by the Rules and Regulations of the said services, including Customer maintaining his/her wiring and equipment in conformance with all applicable standards.

In case the customer should become in arrears in payment for service rendered, the Customer affirms that he/she understands the overdue balance must be paid along with all fees associated with disconnect and reconnection of service(s) as well as deposit (if applicable) as a condition to reconnection of service. He/she further understands that service may be denied to him/her at this or any other location as long as this account remains in arrears, and he/she agrees that any such prior balance can be added to any other present or future account of customer with Town of Concord Municipal Utilities.

Customer agrees for us to service noted accounts or to collect amounts that maybe owed, we may contact you by telephone at any telephone associated with your account, including cell phone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide.

Customer further confirms that he/she understands that it is a violation of state law to apply for service with the intent to avoid payment of lawful price or for any person to assist another in avoiding payment for electricity. For value received, he/she hereby guarantees payment of all bills that may become due under the above service contract.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 (Print name)

\_\_\_\_\_  
 (Signature)

**Billing Information**

Customer of Record: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Billing Account Contact: \_\_\_\_\_

Billing Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_

**CMLP USE ONLY**

Service Order No. _____	Employee Initials: _____
Temporary Service Fee \$550.00 Collected	Check# _____ Cash ___
Security Deposit \$480.00 Collected	Check# _____ Cash ___