



Services Request: <input type="checkbox"/> Connect <input type="checkbox"/> Disconnect <input type="checkbox"/> Transfer	Utility: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer	Applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Management Company	Property Use: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Temporary
--	--	--	---

Service Location/Address: _____ Effective Date: _____

FOR APPLICATION IN A PERSONAL NAME:

Name of Applicant(s): _____ Date of Birth: _____
(Last, First, MI) (MM/DD/YY)

Email Address: _____ Telephone Number: _____

FOR APPLICATION IN A COMPANY NAME:

Name of Company: _____ Tax ID: _____

C/O or Contact Person: _____ Fax Number: _____

Email Address: _____ Telephone Number: _____

MAILING ADDRESS (if different): <small>City State Zip Code</small>	FORWARDING ADDRESS: <small>City State Zip Code</small>
--	--

FOR PROPERTY SALES If final bills are needed for closing, please indicate desired method of delivery

Pick up Date: _____ Fax #: _____ Email Address: _____

All bills will be payable upon presentation. If not paid within receipt of next billing, service will be subject to interest charge and possible termination after proper notification by the Devens Utilities Department.

If you believe your bill is inaccurate or for any other reason you wish to dispute all or part of your bill, you have the right to an investigation of your account by our Customer Account Representative. This investigation may be obtained by telephoning (978) 784-2931, or writing to Devens Utilities, 33 Andrews Parkway, Devens, MA 01434. If you are not satisfied with the written decision of the Customer Accounts Representative or do not receive a written decision within 10 days after making your complaint, you have the right to appeal to the Utilities Manager of Mass Development/Devens.

Copy of complete terms and conditions available upon request.

I have read and agree to be bound by the Terms and Conditions of Mass Development/Devens governing the use of these utilities.

X _____
 Signature Date Authorizing Name (print)

FOR OFFICE USE			
Customer #	GAS	ELECTRIC	WATER / SEWER
Location #			
Meter #			

Devens Utilities
 33 Andrews Parkway
 Devens, MA 01434
 978-784-2931

Submission of Completed Forms
 In person at our office during regular business hours
 Email: devensutilities@massdevelopment.com
 Fax: 978-772-7496