

## JEWETT CITY DPU RESIDENTIAL APPLICATION FOR UTILITIES

**Jewett City DPU – Electric Division**  
**9 East Main Street Jewett City, CT 06351**  
**Phone (860) 376-2955 or Fax (860) 376-3578**  
**Website: [www.jewettcitydpu.com](http://www.jewettcitydpu.com) Email: [jewett.city.dpu@snet.net](mailto:jewett.city.dpu@snet.net)**

Date \_\_\_\_\_ Requested Date of Service: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address Moving Into: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home & Cell Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Mailing Address (if other than above): \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Co-Applicant SS #: \_\_\_\_\_ Co-Applicant Home & Cell Phone # \_\_\_\_\_

Co-Applicant Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name, Address, and Phone number of next (2) closest relatives:

1) \_\_\_\_\_

2) \_\_\_\_\_

Name, Address, and Phone number of Applicant's employer and immediate supervisor:

\_\_\_\_\_  
Name, Address, and Phone number of Co-Applicant's employer and immediate supervisor:

Applicant's Previous Address: \_\_\_\_\_

Co-Applicant's Previous Address: \_\_\_\_\_

Military Status: Are you or the Co-Applicant(s) in the military? Yes or No If yes, Active or Reserve

Are you the new Owner of this property? Yes or No If renting, name of your landlord: \_\_\_\_\_

Names of All Occupants Age 18 and Older:

For Landlords Only: Please leave electricity (on off ) when tenants move out and unit is empty.

Signature of Landlord in support of the above statement: \_\_\_\_\_

Applicants must provide a copy of their lease, closing documents or letter from owner. All occupants age 18 and over (regardless of being named on the lease, closing document or owner letter) are required to sign the application form and are considered customers of the Jewett City DPU.

If the Jewett City DPU feels it is within reason, they will request an up-to-date lease and/or application from the customer(s) in question such that records/billing information can be updated accordingly. If such request is not honored within 15 calendar days, the customer will face power interruption. You (the customer) will be required to update your application as required by the JCDPU (e.g. if the occupants at your address change, you will be required to complete a new application that documents those changes).

All applicants must provide at least one of the following identification documents: Valid Motor Vehicle License, State of Connecticut Photo ID, Passport, Immigration and Naturalization Service Documentation or a Social Security Card with matching Official Photo ID. Service may be terminated pursuant to Section 16-3-100 (b) (2) (M) if, after 15 calendar days, identification is not provided.

The Applicants for electric services agree to abide by and be governed by the rules, regulations, policies and practices of the Jewett City DPU currently enforce and as they are subsequently modified by the Board of Commissioners.

In order to limit your liability, you, the consumer, will be responsible to notify Jewett City DPU in writing prior to termination of service.

It is understood and agreed that if a Customer's account becomes overdue by 30 days or more and said Customer's account is sent to a collection agency or attorney's office for collection of such overdue account, the JCDPU shall have the right to add to the amount due, any fees or costs associated with such collection, including reasonable attorneys' fees.

I/We the undersigned hereby apply to Jewett City DPU for utility service at the above address and agree to be JOINTLY AND SEVERALLY LIABLE for payment for such service. (NOTE "Jointly and Severally Liable" means each applicant is personally and individually responsible for payment of the entire bill, and not merely that portion of the bill).

I/We have read this application prior to signing it and understand its terms and conditions. I/We will follow all applicable rules and regulations. By my signature below, I/We attest that all of the provided information is true and correct and that any misrepresentations will result in termination.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Applicant Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Co-Applicant Name: \_\_\_\_\_

Revise June 12, 2013  
Revised November 14, 2012