



A MUNICIPAL ELECTRIC UTILITY PLANT SINCE 1892

SOUTH NORWALK ELECTRIC AND WATER
1 STATE STREET P.O. BOX 400
SOUTH NORWALK, CT 06856-0400
Phone (203) 866-3366 or Fax (203) 899-7491

APPLICATION FOR COMMERCIAL ELECTRIC SERVICE

- 1 Date of Application:
2 Date Service Requested:
3 Activation Date:

Office Use Only
Account Number:
Customer Number:
Meter Number:
Multiplier:
Rate:

4 Applicant Type
[Tenant] [Owner]
[Other]

5 Company's Name
6 Service Address
7 Company's Billing Address
8 Billing Contact Person Information
9 Officers of Company

10 BUSINESS (Fill in under the form of business that applies to you):
1 Sole Proprietorship:
2 Partnership Or Limited Partnership (LP) (LLC) (LLP) (PA) Trust or Estate
3 Corporation (Inc), Tax-exempt or other exempt business entity

**Please read this section carefully!**

Applicants must provide a copy of their lease, closing, or letter from owner. All individuals listed on the lease are required to sign the application form and are considered customers of SNEW.

All applicants must provide at least one of the following identification documents: Connecticut Drivers License, State of Connecticut Photo ID, Passport, Immigration and Naturalization Service Documentation or a Social Security Card with matching Official Photo ID.

The applicants for electric service agree to abide by and be governed by the rules, regulations, policies and practices of the South Norwalk Electric and Water currently enforce and as they are subsequently modified by the Second Taxing District Electric Commission.

In order to limit your liability, you the consumer will be responsible to notify South Norwalk Electric and Water in writing prior to termination of service.

I/We the undersigned, hereby apply to South Norwalk Electric and Water 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.

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

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

Other: Officers of Company

13 Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

14 Printed Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

15 Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16 Printed Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

17 Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

18 Printed Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE, SNEW USE ONLY

Deposit	
Amount: _____	Date Received: _____
Check Number: _____	Security Deposit #: _____

Authorized Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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