

Removal of Service Building Demolition or Construction



As the owner of this property, I am requesting the removal of the existing Eversource electric service and meter(s) to allow for the demolition or construction of the building in accordance with all applicable Massachusetts General Statutes. I certify that the building is vacant. I also understand any subsequent request for new electric service at this location must comply with requirements, including provision of satisfactory easements before the Company proceeds with the work to set up the new service.

I CERTIFY THE BUILDING IS VACANT AND SERVICE CAN BE REMOVED AS OF (enter date of vacancy here mm/dd/yyyy):			WORK REQUEST NUMBER	
STREET ADDRESS WHERE ELECTRIC SERVICE IS TO BE REMOVED			NEAREST CROSS STREET	
TOWN	STATE MA	ZIP CODE	SERVICE POLE NUMBER	
ACCOUNT NUMBER(S)				
METER NUMBER(S)			METER LOCATION INSIDE OUTSIDE	
THE REASON FOR THIS REQUEST DEMOLITION CONSTRUCTION	SPECIAL INSTRUCTIONS			
TYPE OF SERVICE COMMERCIAL RESIDENTIAL OVERHEAD UNDERGROUND				
REMOVAL OF STREET, FLOOD, AREA LIGHTING / UNMETERED EQUIPMENT REQUIRED? YES NO IF YES, TYPE OF EQUIPMENT _____ ACCOUNT NUMBER _____				
PROPERTY OWNER NAME	PRINT NAME		APPLY SIGNATURE	
MAILING ADDRESS				
TOWN		STATE	ZIP CODE	
TELEPHONE NUMBER OF PROPERTY OWNER ()	FAX NUMBER ()		EMAIL NOTIFICATION ADDRESS	
ADDITIONAL EMAIL NOTIFICATION ADDRESSES (ADD UP TO TWO)				
NOTARY PUBLIC			DATE NOTARIZED	

Notary not required for single family owner occupied dwelling.

The parties agree that this Agreement and/or any documents to be delivered pursuant to this Agreement and any notices hereunder may be transmitted between them by email. Delivery of an executed signature page of this Agreement in Portable Document Format (PDF) shall be effective as delivery of a manually executed original of this Agreement. The original documents shall be promptly delivered, if requested.

- EVERSOURCE INTERNAL USE ONLY-		
Date service removed: _____.		
This confirms the removal of Eversource electric service for the address indicated above.		
PRINT NAME OF EVERSOURCE REPRESENTATIVE	SIGNATURE OF EVERSOURCE REPRESENTATIVE	DATE

To avoid delays, please complete all information on the form and email the completed form to:

CONTACT US:
Electric Service Support Center
phone: 800-880-2433
email: wmassnewservice@eversource.com

MAIL TO:
Electric Service Support Center
Eversource
P.O. Box 2985
Hartford, CT 06104-2985