



# Town of Wallingford, Connecticut

DEPARTMENT OF PUBLIC UTILITIES  
ELECTRIC DIVISION  
BUSINESS OFFICE  
100 JOHN STREET  
WALLINGFORD CT 06492  
VOICE: 203-294-2020  
FAX: 203-294-2027

## RESIDENTIAL

### REQUEST FOR ADDITION OF SECOND CUSTOMER NAME

**IMPORTANT...COMPLETING THIS REQUEST WILL ADD THE SECOND CUSTOMER NAME TO ALL EXISTING ACCOUNTS OF THE CURRENT CUSTOMER!!**

The below current customer requests to add a second named customer to the ELECTRIC DIVISION account, for electric service to be supplied on the premises described. Both named customers agree to pay for such service as bills are rendered therefor, in accordance with raises, rules and regulations now in effect, or as may hereafter be amended and in effect at the time of delivery. In the event of default to our agreement to pay, we accept responsibility for all collection costs incurred.

In the event that it is found the named second customer has an outstanding balance with the ELECTRIC DIVISION, the ELECTRIC DIVISION reserves the right to transfer that balance to this account and that balance will become fully collectable.

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### CURRENT CUSTOMER INFORMATION

CUSTOMER ID#: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

FEDERAL ID# (SSN/EIN): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DRIVER'S LICENSE (STATE/#): \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### SECOND CUSTOMER INFORMATION

FEDERAL ID# (SSN/EIN): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DRIVER'S LICENSE (STATE/#): \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_