

REAL ESTATE REQUEST APPLICATION

Name of Applicant:			
Mailing Address:		Email:	
City/Town:	State:	Phone #:	
ubject Property Address:		City/Town:	
tate:	Parcel# /Asses	ssor Map ID#:	
Owner of Record (Eversource, Subsi	diary/Affiliate (Company Name):	
ype of Property Owned By versource/Subsidiary/Affiliate:		Type of Agreement Requested by A	pplicant:
• Easement/Right of Way		• Encroachment Permit	
• Substation		• Purchase & Sale	
Open Space /Vacant Land		• Lease □	
Service Center		• Easement	
• Other:		• Other:	
Proposed Use:			
Other Comments:			
other comments.			

<u>Please email this application and attach a map identifying the area and/or proposed structure/use (in addition to any other supporting documentation) to the appropriate email address below:</u>

rerequests@eversource.com

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