## 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/construction of the building in accordance with all applicable Massachusetts General Statutes. I certify that the building is vacant. (*To Avoid Delays* Please Complete All Information On This Form)

| I CERTIFY THAT THE BUILDING IS VACANT AND SERVICE CAN BE REMOVED AS OF<br>(DATE OF REMOVAL)                                    |            |         | WORK REQUEST NUMBER  |                     |  |
|--|------------|---------|----------------------|---------------------|--|
| STREET ADDRESS WHERE ELECTRIC SERVICE IS TO BE REMOVED   |            |         | NEAREST CROSS STREET |                     |  |
| TOWN   | STATE      | ZIP COI | DE                   | SERVICE POLE NUMBER |  |
| ACCOUNT NUMBER(S)  |            |         |                      |                     |  |
| METER NUMBER(S)  |            |         |                      |                     |  |
| THE REASON FOR THIS REQUEST?   | UCTIONS    |         |                      |                     |  |
| TYPE OF SERVICE   COMMERCIAL   OVERHEAD   RESIDENTIAL   UNDERGROUND  |            |         |                      |                     |  |
| REMOVAL OF STREET, FLOOD, AREA LIGHTING / UNMETERED EQUIPMENT REQUIRED?     YES   NO   IF YES, TYPE OF EQUIPMENTACCOUNT NUMBER |            |         |                      |                     |  |
| PROPERTY OWNER NAME  | PRINT NAME |         | APPLY SIGNATURE      |                     |  |
| MAILING ADDRESS  | I          |         |                      |                     |  |
| TOWN   |            |         | STATE                | ZIP CODE            |  |
| TELEPHONE NUMBER OF PROPERTY OWNER<br>( )<br>ADDITIONAL EMAIL NOTIFICATION ADDRESSES   | ( )        |         | EMAIL NOTIF          | FICATION ADDRESS    |  |
|  |            |         |                      | DATE NOTARIZED      |  |

Not required for single-family, owner-occupied dwellings.

| - 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 This Form

## U.S. Postal:

Mail To: Electric Service Support Center Eversource Clearing Desk P.O. Box 2985 Hartford, CT 06104-2985

## **Overnight Express:**

Mail To: Electric Service Support Center Eversource Clearing Desk 107 Selden Street Berlin, CT 06037