



Individual

APPLICATION FOR SERVICE

Two forms of identification are required with this Application

Mail to: National Grid 300 Erie Blvd West, Syracuse, NY 13202

Fax to: [315] 460-9329

NATIONAL GRID USE ONLY: Account # _____ Date: _____	
Name: _____ <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle</small> <small style="margin-left: 100px;">Last</small>	Date of Birth: _____ Driver's Lic: _____ State _____ Contact Phone: _____
Social Security # _____ Home Phone # _____	
Employed: ___ Full Time ___ Part Time ___ N/A ___ Retired ___ Student ___ Public Assistance ___ Social Security ___ S.S.I. Identify any in-home electrically operated life-sustaining medical equipment in use: _____ PREVIOUS HOME ADDRESS: _____	
RENTAL AGENT: Fax the application within five days of the effective date. Manager Signature: _____ Date: _____	
COMPLEX NAME: <u>Husky Property Mgt</u> Phone: <u>315-788-4928</u>	I, _____ [name of applicant] hereby authorize National Grid to release the following information to HUSKY PROPERTY MANAGEMENT, LLC: 1. Information regarding the status of my pending application for electric and/or gas service with National Grid, including, but not limited to, information regarding any information or documents National Grid may require as part of the application process; and 2. Information regarding my past financial history with National Grid that is relevant to my pending application for service, including, but not limited to information regarding past debts owed to National Grid, past payment histories with National Grid, and past payment agreements with National Grid; and 3. Information regarding my current financial matters with National Grid, including but not limited to, information regarding security deposits and any current payment agreements. This authorization shall be in effect until <u> </u> FURTHER NOTICE . <small style="margin-left: 100px;">Date</small>
Requesting Service at: Street Address: _____ Bldg & Apt # _____ City _____ State _____ Zip _____	Signed: _____ Name: _____ <small style="margin-left: 100px;">printed</small> Date: _____
Requested In-service Date: _____ Previous Tenant [if known] _____	
Type of Service requested: <input type="checkbox"/> Electric Only <input type="checkbox"/> Gas Only <input type="checkbox"/> Both Electric and Gas	
Access to Meters: Mailing Address: [If different than above] Street Address: _____ City: _____ State _____ Zip _____	
TENANT/APPLICANT: In order to disconnect or final your National Grid service, you must call our Customer Service Contact Center at 1-800-642-4272 OR enter your request at our website at www.nationalgrid.com	
Electric Meter # [If readings are not provided, the turn-on may be estimated.] Your meter may not have five dials.	
Gas Meter # [If readings are not provided, the turn-on may be estimated.] Your meter may not have five dials.	
The Undersigned hereby applies for service with National Grid. Two forms of identification are required with this application. In addition, a security deposit may be required. X _____ DATE: _____	