

**TOWN OF WINDSOR
UTILITY APPLICATION**

Check One:

Residential

Commercial

Application Date:

Customer/Applicant

Name:

Social Security #

or Fed Tax ID#:

Physical Address:

Billing Address:

(if different)

Business Phone:

Home Phone:

Residential
Customers

Previous Address:

Previous Electric

Service Provider:

Current Employer:

Employer Phone:

Have you had an account with the Town of Windsor Previously:

If so, when

OFFICE USE ONLY

Deposit Required:

Inspection Certificate

Received/Date:

Zoning Compliance:

Application Approved by/Date: