



32 South Main Street, Middleborough, MA 02346
Phone: (508) 947-1371 Fax: (508) 946-3700
You may return via e-mail to: csr@mgd.com

Residential Customer Registration Form

Please fill in the information below and insert your electronic signature in the correct format. If you have no electronic signature, please download the completed form, sign and scan to email or fax, or mail the original to our office. Include a scan or copy of your driver's license as identification.

Date: _____

Customer Fax # _____

Applicant Name: _____ Over 60? _____

*Co-Applicant Name: _____ Over 60? _____

Phone #: _____ Applicant Social Security #: _____

Phone #: _____ *Co-Applicant Social Security #: _____

Service Address: _____

Mailing Address: _____

Effective Date: _____ If purchasing, Closing Date: _____

***Applicant accepts responsibility for all usage consumed at the service address beginning on the Effective Date above. In some cases, this may be 3-10 business days prior to the Closing Date. _____ (Initial)**

A CLEAR COPY OF THE APPLICANT/S DRIVER'S LICENSE MUST ACCOMPANY THIS FORM.

The subscriber/s whose signature/s appears below, further agrees to be responsible for the utilities consumed at the service address listed above until a request to terminate service has been received, in writing, at the office of the Middleboro Gas & Electric Department. The subscriber/s also agrees to adhere to existing terms and conditions of the Department.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

--Please verify with us that your information has been received.

To Be Completed By Office:

Account #: _____

Customer #: _____

PAP: Y ☐ or N ☐

Name Change: ☐

Add Gas: ☐

Add Name: ☐

Senior Rate: ☐

Tenant: ☐

Street Light on Property: ☐

Temp Service: ☐

\$75 Fee Paid: ☐