

CL&P POWER TRANSFER PROGRAM
APPLICATION FORM

To sign up for the Power Transfer Program, please print off this form, fill it out and return it to us at the address or fax number listed below.

When my tenant moves out, I authorize you to transfer the account into my name and mail the bills to:

Landlord Name: _____

Check here if you would like your account information to remain private.

Mailing Address: _____

Year round or
 Only from _____ through _____
Month Month

Please list the complete address(es) of rental property you own.

1. _____
2. _____
3. _____

Attach additional sheets if more space is needed.

Landlord's Signature Telephone Number Date

After completing this form, please mail or fax to us at:

Connecticut Light & Power Company
Customer Service Center
P. O. Box 270
Hartford, CT 06141-0270

Fax Number: (860) 607-6160