



## Town of Wallingford, Connecticut

DEPARTMENT OF PUBLIC UTILITIES  
ELECTRIC DIVISION  
BUSINESS OFFICE  
100 JOHN STREET  
WALLINGFORD CT 06492  
VOICE: 203-294-2020  
FAX: 203-294-2027

**NON-RESIDENTIAL  
CONTRACT FOR SERVICE**  
**PLEASE CALL CUSTOMER SERVICE (203-294-2020) FOR  
DEPOSIT REQUIREMENTS**

The applicant whose signature appears on the application hereby makes application to the ELECTRIC DIVISION, Department of Public Utilities, for electric service to be supplied on the premises described, and at such subsequent location as the applicant may use service. The applicant agrees to pay for such service as bills are rendered therefor, in accordance with raises, rules and regulations now in effect, or as may hereafter be amended and in effect at the time of delivery. In the event of default to my agreement to pay, I accept responsibility for all collection costs incurred.

It is also understood that the department may require as security for payment of bills, a cash deposit of such amount as it deems adequate for its protection, and the increase of such deposit in accordance with the amount of increase in the monthly bills. The deposit will be returned upon discontinuance of service, provided any or all bills shall have been paid; otherwise, the amount owing shall be deducted from the deposit.

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CUSTOMER ID#: \_\_\_\_\_ ACCOUNT NUMBER #: \_\_\_\_\_

FEDERAL ID# (SSN/EIN): \_\_\_\_\_ DAYTIME TELEPHONE#: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

Individual ☐ Proprietor ☐ Corporation ☐

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DEPOSIT AMOUNT REQUIRED: \_\_\_\_\_

DEPOSIT WAIVED (Y/N): \_\_\_\_\_ WAIVER REASON: \_\_\_\_\_

DEPOSIT AMOUNT RECEIVED: \_\_\_\_\_ PAYMENT METHOD: \_\_\_\_\_

ELECTRIC DIVISION  
DEPARTMENT OF PUBLIC UTILITIES

100 JOHN ST. WALLINGFORD, CT 06492

REQUEST FOR FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION  
(SUBSTITUTE FORM W-9)

Customer ID#: \_\_\_\_\_

Customer Name / Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part 1 Fill in ONE section only:

**INDIVIDUAL**

Social Security Number: \_\_\_\_\_

Name on IRS records: \_\_\_\_\_  
(This must be the NAME of a PERSON.)

**BUSINESS**

(fill in TIN under the form of business that applies to you):

1. Sole Proprietorship/Sole Member LLC: **The NAME of the PERSON who is owner is REQUIRED.**

Social Security Number: \_\_\_\_\_

Or

Employer Id Number: \_\_\_\_\_

**REQUIRED→** Name of owner on IRS Records: \_\_\_\_\_  
(This must be the NAME of a PERSON.)

2. Partnership, Multi-Member LLC, Limited Partnership (LP) (LLP) (PA) Trust or Estate

Employer Id Number: \_\_\_\_\_

Business name on IRS records: \_\_\_\_\_  
\_\_\_\_\_

3. Corporation (Inc), Tax-exempt or other exempt business entity

Employer Id Number: \_\_\_\_\_

Business name on IRS records: \_\_\_\_\_  
\_\_\_\_\_

**Part 2 Certification:**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest Or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person or other U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently Subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Part 3 Signature:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

We are required by law to obtain this information from you when making a reportable payment to you.





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### NON-RESIDENTIAL CUSTOMER BILL OF RIGHTS

- A. Utility service will not be terminated for non-payment of a disputed bill while the complaint is pending. The customer is responsible, however, for paying any portion of the bill that is not in dispute, as well as all future bills on a current basis.
- B. If a customer disputes a payment arrangement, the company will refer the customer to a Division review officer.
- C. If a customer disagrees with the decision of the review officer, the customer has the right to appeal the decision to the Public Utilities Commission (PUC) at 100 John Street, Wallingford, CT 06492, telephone (203) 294-2263 for an informal investigation.
- D. If the PUC is unable to settle the dispute to the satisfaction of both the customer and the Division, both the customer and the Division have the right to request a formal hearing before the PUC.
- E. During the time which a customer is appealing a payment arrangement, electric service will not be shut off.

It will be the policy of the Electric Division to notify our delinquent non-residential accounts:

- 1. That 8 days after mailing notice, the service will be subject to termination for non-payment.
- 2. The conditions required to prevent shut off.
- 3. The specific date after which shut-off may be made.
- 4. The conditions for restoration of service, such as reconnect fees, etc.
- 5. A brief explanation of the customer's rights outlined previously.

### CUSTOMER DEPOSIT

A customer deposit will be held by the Division and will accrue interest at a rate adopted annually by the Public Utilities Commission.



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### CT GET CERTIFICATION FORM INSTRUCTIONS

The Connecticut General Assembly passed legislation during the 1993 session affecting the Connecticut Gross Earnings Tax (CTGET) on the sale of electricity. The legislation states, "The gross earnings of an electric distribution company from providing electric transmission services or electric distribution services, for use directly by companies engaged in a manufacturing production process, are not subject to the utility company gross earnings tax."

The criteria for the eligibility of a manufacturing company are as follows. A manufacturing production process is any process described in:

- Sector 31, 32 or 33 of the North American Industrial Classification System, United States Manual, United States Office of Management and Budget, 1997 edition.
- Classifications 2000 to 3999, inclusive, in the Standard Industrial Classification Manual, United States Office of Management and Budget, 1987 edition.

For information regarding these classifications, please visit [www.census.gov](http://www.census.gov) and search for "North American Industrial Classification System" or "NAICS". The exemption from the CTGET is available to those qualified, regardless of how the electricity is consumed at the location served by the Wallingford Electric Division.

The Wallingford Electric Division incorporates CTGET into its rate structure and therefore will pass along the exemption to those qualified companies who properly notify us. In order to qualify for the CTGET exemption, please complete the appropriate section of the enclosed certification form and promptly return it to us at 100 John Street, Wallingford, CT 06492.

It is each customer's responsibility to notify us of their eligibility for each separate account with the Electric Division and you should fill out a certification for each account. If you have any questions concerning your eligibility for the exemption, please refer them to your accounting department or utilize the manuals referenced above. If you have any questions regarding the application of the exemption to your billing, please contact our business office at (203) 294-2031.





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### CT GET CERTIFICATION FORM

COMPANY & MAILING ADDRESS: \_\_\_\_\_ CUSTOMER ID#: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

CARE OF: \_\_\_\_\_

PLEASE COMPLETE ONLY ONE SECTION BELOW

#### SECTION I

The company hereby certifies that it DOES NOT qualify for the exemption from Connecticut Gross Earnings Tax and understands that if its status changes, it is the company's responsibility to notify the Wallingford Electric Division.

PLEASE PROVIDE ONE OF THE FOLLOWING:

Standard Industrial Classification Code (SIC) \_\_\_\_\_

North American Industrial Classification System Sector (NAICS) \_\_\_\_\_

Name of individual signing: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION II

The company hereby certifies under penalty of law that it is a company engaged in a manufacturing process described within the Standard Industrial Classifications 2000 through 3999, inclusive, of the Standard Industrial Classifications Manual, United States Office of Management and Budget, 1987 edition or within Sector 31,32 or 33 of the North American Industrial Classification System United States Office of Management and Budget, 1997 edition and is eligible for the exemption from Connecticut Gross Earnings Tax as authorized by Connecticut General Statute Section 12-265 as amended.

The company hereby assumes full liability for the payment of any taxes together with penalties and interest that may be determined to be due on electric service to the above account that does not qualify for the exemption.

This certification shall be considered a continuing representation and will remain in effect unless and until a subsequent written revocation is given by the company to the Town of Wallingford Electric Division.

PLEASE PROVIDE ONE OF THE FOLLOWING:

Standard Industrial Classification Code (SIC) \_\_\_\_\_

North American Industrial Classification System Sector (NAICS) \_\_\_\_\_

Name of individual signing: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL TO: TOWN OF WALLINGFORD, ELECTRIC DIVISION, 100 JOHN STREET, WALLINGFORD, CT 06492



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### Connecticut Sales Tax Exemption Certificate Instructions

Connecticut statutes require electric utilities to apply sales tax to electric utility bills. This tax applies only to monthly charges in excess of \$150.00 for any service location. Exemptions to the tax are granted to utility customers if they have filed a valid exemption certificate with the utility. Exemptions from the tax include electric service used for the following:

- 1) Any residential dwelling.
- 2) Any state-certified nonprofit charitable hospital or a charitable, religious, scientific, educational, literary, historical or cemetery organization.
- 3) An agency of the federal government or a state government or political subdivision thereof.
- 4) Directly in agricultural production, fabrication of a finished product to be sold, or in an industrial manufacturing plant, provided the electricity is metered and not less than 75 percent of the electricity consumed is used for production, fabrication or manufacturing.

Please review the account referenced on the enclosed exemption certificate(s). If it is eligible for the exemption, complete and return the certificate(s) in the enclosed envelope. **A CERTIFICATE MUST BE COMPLETED FOR EACH SERVICE LOCATION.**

The tax exempt certificate is valid for only three years. A renewal will be sent to you before the current one expires.

Please do not send any other forms, letters or tax certificates in lieu of the enclosed certificate. The exemptions stated are the only ones that will qualify you for a tax-exempt status. The certificate must also be signed and dated to be valid.

If you have any questions concerning your eligibility, please contact Department of revenue services, Taxpayer Services at 1-860-297-5962.





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## SALES & USE TAX EXEMPTION CERTIFICATE For Purchase of Gas & Electricity CERT-115 [Section 12-412(3) of the Connecticut General Statutes]

SELLER: Electric Division, Department of Public Utilities  
100 John Street, Wallingford, CT 06492

PURCHASER: \_\_\_\_\_

CUSTOMER ID#: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

PLEASE FILL IN ONLY **ONE** SECTION BELOW

### SECTION I

1. If electricity furnished to the account is used predominantly for residential purposes, check this box and sign below: ☐
2. If you claim an exemption as a nonprofit charitable hospital or an organization established exclusively for charitable, religious, scientific, literary, historical or cemetery purposes, you must provide your State of Connecticut Charitable and Religious Organization Exemption Certificate number here and sign below:

Certificate No. \_\_\_\_\_

3. If you claim a governmental entity exemption under Section 12-412(1), check this box and sign below: ☐
4. If you claim an exemption for agricultural production, fabrication of a finished product, or manufacturing, complete this section and sign below.

We hereby certify that the electricity furnished to the account is used directly in:

☐ Agricultural Production ☐ Fabrication of a Finished Production to be sold ☐ Manufacturing  
and not less than 75 percent of the electricity is consumed for such purpose.

If an exemption is claimed, how did you compute the percentage of electricity used for exempt purposes?

The identification number of meter used for exempt purposes: Electric Meter 1

List the type of agricultural production, items fabricated for sale or items of tangible personal property manufactured at the location served on the account:

Do you presently use an agricultural sales tax exemption permit or an exemption certificate for purposes of machinery, materials, tools and fuel?

\_\_\_\_ Yes \_\_\_\_ No List your SIC code(s): \_\_\_\_\_

FULL LIABILITY IS HEREBY ASSUMED FOR THE PAYMENT OF TAXES, TOGETHER WITH PENALTIES AND INTEREST, THAT MAY BE DETERMINED TO BE DUE ON ANY PURCHASES THAT DO NOT MEET THE EXEMPTION REQUIREMENTS OF SECTION 12-412 OF THE CONNECTICUT GENERAL STATUTES. THIS CERTIFICATE SHALL BE CONSIDERED A "BLANKET CERTIFICATE" AND SHALL REMAIN IN EFFECT FOR A THREE-YEAR PERIOD, UNLESS A WRITTEN REVOCATION IS MADE BY THE PURCHASER.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Connecticut Tax Registration Number \_\_\_\_\_ Date \_\_\_\_\_