BUSINESS - 631-5600 PLANT - 631-0240



40 TIOGA WAY \* P.O.BOX 369 MARBLEHEAD, MASSACHUSETTS 01945

## **Elderly (age 65 or older) Protection Certification Form**

(certification required annually)

Customer Name		phone number		Date of Birth
Account Number			Social Security Number (optional)	
Customer Addre	ss			·····
City <u>Marble</u>	<u>head</u> State	MA Zip (	<u>)1945</u>	
Names of other adult residents in household:				
Name		Social Security Number		Date of Birth
Name		Social Security Number		Date of Birth
 Name	Soc		ity Number	Date of Birth
	•	-		lderly Protection and that all the I am the customer of record for
older. By signing	below, I hereby cert	ify that the abo	ove statements	ousehold are 65 years of age or are true and correct to the best of alify me for protection of shutoff.
Signature			Date	

Please mail completed form to: MMLD, PO Box 369, Marblehead MA 01945