BUSINESS - 631-5600 PLANT - 631-0240

MARBLEHEAD MUNICIPAL LIGHT DEPARTMENT

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
count Number Social Security Number (optional)		
Customer Address		
City <u>Marblehead</u>	State MA Zip 01945	
Names of other adult resid	ents in household:	
Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth
Name	Social Security Number	Date of Birth
information I've provided i the account specified abov older. By signing below, I h	ehold must meet the requirements for its true and accurate. I hereby certify that e, and that I, and every resident of my lereby certify that the above statement rstand that a false statement may disqu	at I am the customer of record for household are 65 years of age or s are true and correct to the best of
Signature	Date	

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