



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
Account Number		Social S	ecurity Number (optional)
Custor	mer Address		
City	<u>Marblehead</u>	State <u>MA</u> Zip <u>01945</u>	
Name	s of other adult resid	lents in household:	
Name		Social Security Number	Date of Birth
Name		Social Security Number	Date of Birth
Name		Social Security Number	Date of Birth
inform the ac older.	nation I've provided count specified abov By signing below, I h		that I am the customer of record for

Signature _____ Date _____

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