

WORK REQUEST #: _____

THIS PORTION TO BE COMPLETED BY NATIONAL GRID REPRESENTATIVE

Massachusetts Electric Co.
 Narragansett Electric Co.
 Nantucket Electric Co.

Boston Gas Co.
 Colonial Gas Co.
 Energy North Natural Gas
 Essex Gas Co.

Check those that apply: OH (jointly owned) OH (solely owned) OH & UG Electric

UG Electric URD Electric Padmount transformer only GAS UG GAS URD

NG Engineer's Name: _____ GAS _____ ELECTRIC

NG Engineer's Phone: _____ GAS _____ ELECTRIC

NEW ENGLAND EASEMENT INFORMATION FORM

- Please complete ALL of the sections below so that we may prepare an easement for your signature. Do not leave any section unanswered. If a section does not apply to you, simply put "n/a" on that line. Incorrect or incomplete information will delay service installation.

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- You, the customer, are required to provide all the easement rights that National Grid deems necessary to install your electric/gas service, including any easement rights which must be acquired from others, at no cost to National Grid.

Property Owner Name(s):

Property Owner E-Mail:

Property Owner Mailing Address:

Street Address: _____ City: _____ State: _____ Zip: _____

Property Address of Easement:

Street Address: _____ City: _____ State: _____ Zip: _____

Customer Contact Person:

Name: _____

Daytime Phone #: _____ Cell Phone #: _____

Provide us with a **RECORDED** copy of the **PRESENT** owner's deed - Book: _____ Page: _____

- If multiple deeds make up the whole parcel, please include all deeds.
- If registered land, please include a copy of the Land Court Certificate of Title - Number: _____
- If the Property Owner is a (1)Corporation, or (2)Trust, or (3)Partnership, or (4)Limited Liability Company(LLC), please provide the following, as applicable:

(1) Corporation

** President's Name: _____ and Treasurer's Name: _____

OR

Vice Pres.'s Name: _____ and Asst. Treas.'s Name: _____

** If neither "Name Combination" is available, the person(s) signing the easement must have a "Corporate Vote" authorizing them to sign on behalf of the Corporation.

(2) Trust - Number of Trustees: _____ Name of Trust: _____

Trustee(s): _____

(3) Partnership - Number of Partners: _____

Name(s): _____

(4) LLC - Authorization to Sign:

Manager(s): _____

Provide us with an approved "Subdivision Plan"

Plan Book #: _____ Plan #: _____ Dated: _____

If no recorded subdivision Plan, please include the following information:

Assessor's Map #: _____ Block #: _____ Lot #: _____

Is your property mortgaged? YES NO If "YES", please complete this section:

Name of Bank/Company/Person holding mortgage(s): _____

Date and recording information of mortgage(s):

Date: _____ County Recorded: _____ Book #: _____ Page #: _____

Additional Comments:

