

CITY OF CAMBRIDGE

**ELECTRICAL DEPARTMENT
Master Box Connection Application**

250 Fresh Pond Parkway
CAMBRIDGE, MA. 02138
TEL.(617) 349-4925
FAX (617) 349-4913



DATE: _____

Building name / address to be connected-

Installer Information

Contractor- _____

Address- _____

City, State, Zip _____

Tel. Number- _____

Billing Information

Owner or Realty Co. _____

Address- _____

City, State Zip _____

Tel. Number- _____

Connection Fee- ~~\$~~400.00+ Cable

Below for office use only

Date Received _____ Fee \$ _____

BOX NUMBER- _____

Route for connection _____

_____ Cable to property line _____ FT.

Additional _____ FT. to Master Box

Total for connection _____ FT.

Approved by _____