NEW ENGLAND FARM WORKERS' COUNCIL
1666 MAIN STREET
SPRINGFIELD, MA 01103
413-272-2209

CHANGE OF ADDRESS

NAME: _____ APP#: _____
SS#: _____-_____-_____ PHONE #: _____

FUEL ASSISTANCE CLIENTS WHO MOVE

IF YOU MOVE, SERVICE CANNOT BE APPLIED TO YOUR NEW ADDRESS UNTIL YOU HAVE PROVIDED ALL OF THE FOLLOWING INFORMATION:

1. **Complete** this **ENTIRE** form
2. **Landlord** must **complete** attached **TENANT/LANDLORD INFORMATION** form for new address
3. Submit copies of your **GAS AND ELECTRIC bills for your NEW** ADDRESS…even if you heat with oil (if you have not yet received a bill make sure we at least have the new account numbers and billing names)

Date you moved to your new address: _____/_____/_____

_____ _____ _____
Street # Street Name Apt/Floor Number

_____ _____
City Zip Code

_____ _____
Name of Landlord Phone

_____ _____ _____ _____
Street/Apt/Fl City State Zip Code

What do you heat with?(check one) ☐ Coal ☐ Electric ☐ Gas ☐ Included in rent
☐ Kerosene ☐ Oil ☐ Pellet ☐ Propane ☐ Wood

Bay State Gas

_____
Account Number

_____
Billing Name

Western MA Electric Company

_____
Account Number

_____
Billing Name

Vendor Information (for coal, kerosene, oil, pellet, propane, wood)

_____
Vendor Name

_____
Billing Name

_____ _____/_____/_____
Signature Date