

Town of Wallingford, Connecticut

In an effort to make Wallingford one of your prime choices when considering commercial relocation or expansion sites, the Public Utilities Commission of the Town of Wallingford recently adopted a graduated rate discount to our already highly competitive commercial electric rates. This discount is offered to businesses that fill vacant space in Wallingford's Downtown area.

For additional information about **this rate or Wallingford's other utility rates**, please contact:

- Electric Division's Business Office at 203-294-2020
- Visit us on the web at www.wallingfordelectric.com

### For information about **our community** and/or available sites in the Downtown area, please contact:

- Wallingford Center, Inc. (203-284-1807) or
- Wallingford Economic Development Office (203-294-2062)

ElecDiscAppThru123123 03/23/2022

#### **ELIGIBILITY CRITERIA**

- 1. Restricted to existing vacant commercial space in Wallingford's Downtown area (see map on back of pamphlet).
- 2. Building must comply with all Town and State Building, Fire, Health and Planning & Zoning regulations.
- 3. Customer of record must be current on all Town of Wallingford utility payments and must continue to keep payments current.
- Governmental or other tax exempt entities; temporary services; or manufacturing customers who qualify for Wallingford Electric Division Rates 3-M, 4-M or 5-M shall <u>not</u> be eligible for the Downtown Economic Development Rider.
- 5. Discount rate: <u>New Customers\*</u> For months 1-12: 50% For months 13-24: 40% For months 25-36: 30% For months 37-48: 20% For months 49-60: 10%
- 6. Discount period: 60 months
- 7. Discount applied to base bill excluding the Power Cost Adjustment charge, Energy Conservation Fund and St. of CT Sales Tax.
- 8. Application period for the program: January 1, 2022 - December 31, 2023
- \* All other service requirements of the Wallingford Electric Department, including deposits, remain in effect.

#### Downtown Economic Development Rider PROGRAM APPLICATION FORM

New Customer	er
Date:	
Name of Company:	
Address:	
Phone: ()	
Authorized Representative:	
Signature:	
Owner of Building:	
Address of Owner:	
Phone Number of Owner:()	
Date Certificate of Compliance Issued:	
Type of Business:	
<b>RETURN COMPLETED APPLICATION TO</b> Electric Division, Town of Wallingford	

Electric Division, Town of Wallingford 100 John Street, Wallingford, CT 06492 203-294-2020





# **ON YOUR**

## **ELECTRIC BILL**