

**RELOCATE TO VACANT
SPACE IN DOWNTOWN
WALLINGFORD
AND GET A**



**ON YOUR
ELECTRIC BILL**



**WALLINGFORD
CENTRAL BUSINESS DISTRICT
INSIDE BOLD AREA**



Town of Wallingford, Connecticut

ELIGIBILITY CRITERIA

1. Restricted to existing vacant commercial space in Wallingford's Central Business District (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.
 4. Governmental or other tax exempt entities or temporary services shall not be eligible for the Downtown Economic Development Rider.
 5. Discount rate: 10%*
 6. Discount period: 2 years
 7. Discount applied to base bill excluding the Power Cost Adjustment and the Energy Conservation Fund.
 8. Application period for the program: January 1, 2010 - December 31, 2010
- * All other service requirements of the Wallingford Electric Department, including deposits, remain in effect.

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 10% discount to our already highly competitive commercial electric rates. This discount is offered to businesses that fill vacant space in the Central Business District.

For additional information about this rate or Wallingford's other utility rates, please contact the Electric Division's Business Office at 203-294-2020. For information about our community and/or available sites in the Central Business District, please contact Wallingford Center, Inc. (203-284-1807) or the Wallingford Economic Development Office (203-294-2062).

**Economic Development Incentive Rider
PROGRAM APPLICATION FORM**

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: _____

RETURN COMPLETED APPLICATION TO:
Electric Division, Town of Wallingford
100 John Street, Wallingford, CT 06492
203-294-2020

Date: _____