

PSC No. 220 ELECTRICITY  
 NIAGARA MOHAWK POWER CORPORATION  
 INITIAL EFFECTIVE DATE: NOVEMBER 20, 2017

LEAF: 272  
 REVISION: 3  
 SUPESEDING REVISION: 1

# nationalgrid

## APPLICATION FOR NON-RESIDENTIAL CUSTOMERS

This application is for non-residential electric and/or gas service with Niagara Mohawk Power Corporation d/b/a National Grid ("Niagara Mohawk" or "Company").

As a Niagara Mohawk non-residential customer, you agree to pay for service according to the rates, charges and terms of your service classification and in accordance with the provisions of the applicable (electric and/or gas) Niagara Mohawk rate schedule. Copies of Niagara Mohawk's rate schedule are available upon request or the Company's website at [www.nationalgrid.com](http://www.nationalgrid.com).

Special Note to Applicant: A Security Deposit may be required based on a credit analysis.

Please review and/or complete all fields and sign Part C at the end of this application and return the executed form to the Company to finalize the application process.

This is an important notice. Please have it translated.

Este é um aviso importante. Quiera mandá-lo traduzir.  
 Este es un aviso importante. Sirvase mandarlo traducir.  
 Avis important. Veuillez traduire immédiatement.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
 Questa è un'informazione importante,  
 Si prega di tradurla.

Это очень важное сообщение.  
 Пожалуйста, попросите чтобы  
 вам его перевели.

### ACCOUNT INFORMATION *(Please print)*

#### Applicant Information

Applicant Name and Title (Person completing application) _____ / _____	
Service Address _____	City/Town _____
State _____ Zip _____	
Mailing Address _____	City/Town _____
State _____ Zip _____	
Telephone: (business) _____ (home) _____ (mobile) _____	
Business Name: (Legal Entity name) _____	
D/B/A: _____	
Date of Incorporation: _____ State of Incorporation: _____	
Tax ID/SSN Number _____	Sales Tax Status*: <input type="radio"/> taxable <input type="radio"/> tax-exempt <input type="radio"/> partially-exempt
Entity is established as:	
<input type="radio"/> Individual <input type="radio"/> Sole Proprietorship <input type="radio"/> Corporation <input type="radio"/> Limited Liability Corp (LLC) <input type="radio"/> Limited/General Partnership <input type="radio"/> Other	

**\*NOTE: If you claim non-taxable or partially exempt status, the appropriate exemption certification MUST BE PROVIDED TO THE PROVIDED to the Company to receive an exemption.**

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### Principal Officers (if applicable), Partners or Owners of Business

Name _____	Title _____	Telephone _____
Mailing Address _____	City/Town _____	State ____ Zip _____
Name _____	Title _____	Telephone _____
Mailing Address _____	City/Town _____	State ____ Zip _____

### Meter Access Information (Complete if different from applicant)

Owner/Landlord/Access Controller Name _____
Telephone: (business) _____ (home) _____ (mobile) _____
Mailing Address _____ City/Town _____ State ____ Zip _____

### Service and Rate Classification Information

The questions in this section are designed to assist the Company in placing the customer on the proper and the most beneficial service classification. The Company may rely on this information in classifying the service. A customer may be eligible for service under more than one classification, and one classification may be more beneficial than another. The cost of service may vary under different service classifications. The Company's gas and electric tariffs (PSC No. 219 – GAS and PSC No. 220 – ELECTRICITY) describe each service classification in detail, are available upon request at the Company's business offices, and may be found on the Company's website at [www.nationalgrid.com](http://www.nationalgrid.com). Questions about service classifications may be discussed with Company representatives by calling 1-800-664-6729. You may also want to consult your contractor for help in completing this form.

If the customer's use of service or equipment changes in the future, the customer must notify the Company of these changes in order to ensure that the customer is being properly billed. If the information provided by the customer relevant to service classification is inaccurate or incomplete, the customer may be subject to backbilling on the correct service classification, or may be precluded from receiving a refund for over charges based on an incorrect service classification.

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It is important for you to answer the following questions accurately and completely to determine the proper service classification for your account.

1. Service being requested: ☐ Electric ☐ Gas ☐ Electric & Gas
2. Date you are responsible for the account/property (ownership or lease date): \_\_\_\_\_
3. Are you ~~occupying~~ operating the same type of business as the previous occupant of this premise?\* ☐ Yes ☐ No
  - a. If no, why?  
 \_\_\_\_\_
  - b. If this is a new service, please describe your usage pattern.  
 Electric service usage pattern: (KWH) \_\_\_\_\_ Kilowatts (KW) \_\_\_\_\_  
 Gas service usage pattern: Therms per month \_\_\_\_\_

*\*Note: if you select yes, we will use the existing rate profile to determine the service classification for this location*

#### A. Use of Service for Residential Purposes:

1. Is any part of the structure served by this meter(s) used for RESIDENTIAL purposes, such as rooms for rent, apartments, or your personal residence? (If no, skip to Part B – Electric Information below)  
☐ Yes ☐ No
2. Are your residence and your business in the same structure and are both areas served by the same meter?  
☐ Yes ☐ No  
 How many individual rooms are devoted to your business? \_\_\_\_\_  
 Of the total area of the structure, what percentage of space is devoted to your business? \_\_\_\_\_  
 How many employees (if any) work at this location? \_\_\_\_\_
3. How many individual residential units are provided for the following electric services?  
Lighting    Heating    Water Heating    Cooking    Common area lighting/heating (hallways, etc.) \_\_\_\_\_
- ~~3.4.~~ How many individual residential units are provided for the following gas services?  
 Lighting \_\_\_\_ Heating \_\_\_\_ Water Heating \_\_\_\_ Cooking \_\_\_\_ Common area lighting/heating (hallways, etc.) \_\_\_\_

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## B. Electric Information

1. The amount and nature/type of your electric usage will generally determine the rate at which you will be billed. Which of the following best describes your business or premises? (*Check only one*)

- ☐ Store, restaurant, commercial office ☐ Medical or professional office building or suite
- ☐ Apartment or premises in a residential building, where business is also conducted (Example: doctor's office, beauty parlor, real estate, etc.)
- ☐ Hotel, motel, hospital, nursing home
- ☐ Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school
- ☐ Other (Describe) \_\_\_\_\_

2. Which of the following best describes your use of electricity? (*Check only one*)

- ☐ Exclusively for hall lighting, elevators, and other common areas of apartment or commercial building
- ☐ Entire premise for your own use (Example: retail store)
- ☐ Entire premise, including redistributing electricity to: ☐ Residential Tenants ☐ Electric Space Heating ☐ Electric Hot Water Heating ☐ Commercial Tenants

3. Do you have the following? (*Check all that apply*)

- ☐ An emergency generator ☐ Electric space heating ☐ Electric hot water heating

4. Do you know what high consumption equipment you will be using? If so, enter below. If not, leave blank.

Electric Equipment Type (i.e. air condition)	# of units	Kilowatts (kws)	Horsepower (HP)

5. You have a right to request that we perform an inspection to assure the accuracy of the meter(s) on which you will be billed. To request such an inspection please place an 'X' here: \_\_\_\_\_

6. Have you or do you plan to add or remove any equipment, make any renovations, or implement any changes to your business operations that would significantly increase or decrease the amount of electricity compared to the previous occupant?

- ☐ Yes ☐ No If yes, please provide details:

\_\_\_\_\_

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### C. Gas Information

1. The amount and nature/type of your gas usage will generally determine the rate at which you will be billed. Which of the following best describes your business or premises? (*Check only one*)

Non-Human Needs

- ☐ Store, restaurant, commercial office  
☐ Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school  
☐ Veteran's Organization  
☐ Warehouse

Human Needs

- ☐ Apartment House  
☐ Mobile Home Park  
☐ Correctional Facility  
☐ General Medical or Psychiatric Hospital  
☐ Condominium  
☐ Medical or Dental Office or Clinic  
☐ Rooming or Boarding House  
☐ Nursing Home or Adult Home  
☐ Multi-Family Dwelling

2. Which of the following best describes your use of gas? (*Check all that apply*)

- ☐ Hot Water Heating  
☐ Commercial Cooking  
☐ Gas air-conditioning  
☐ Laundry Dryers  
☐ Gas redistribution to tenants for cooking  
☐ Electricity Generator  
☐ Dual-fuel burner  
☐ Space Heating

3. Is your business located at a Building of Public Assembly as described below?

- ☐ School, Hospital, Nursing Home or Institution licensed by NYS for the Care of Children  
☐ Factory which normally employs 75 or more people  
☐ Other building with nominal capacity of 75 or more persons to which public is regularly admitted (excluding those used solely as office buildings or residential apartments and normally have no other utilization in excess of the 75-person limit).

4. Do you know what high consumption equipment you will be using? If so, enter below. If not, leave blank.

Gas Equipment Type (ex. furnace)	British Thermal Units (BTUs)	No. of Units

5. Have you or do you plan to add or remove any equipment, make any renovations, or implement any changes to your business operations that would significantly increase or decrease the amount of gas compared to the previous occupant?

☐ Yes ☐ No If yes, please provide details:

\_\_\_\_\_

6. You have a right to request that we perform an inspection to assure the accuracy of the meter(s) on which you will be billed. To request such an inspection please place an 'X' here: \_\_\_\_\_

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**Based on your responses, we have determined the following information:**

Type of Service	Rate	Revenue Class	SIC Code	Assigned by	Date
Gas					
Electric					

**To be completed by ALL applicants: Public Service Law § 76 permits certain corporation or associations organized and conducted in good faith for religious purposes, including the operation by such corporation or association of a school, notwithstanding that secular subjects are taught at such school, certain community residents as defined in the Mental Hygiene Law, and posts or halls, owned or leased by a not-for-profit corporation that is a veteran' organization, to receive services at rates no greater than the rates charged to residential customers (please see the Additional Information section of this form for details). Residential rates are lower than commercial rates for most customers, but not all, customers. If Niagara Mohawk denies the customer application of residential rates, the Company shall, upon written request, inspect the applicant's premises and review the Company's decision in light of the information obtained from such an inspection. The applicant may appeal Niagara Mohawk's denial of residential rates to the Public Service Commission.**

**Applicant Commitment/Signature/Customer Certification of Application**

With my signature below, I certify that, to the best of my knowledge, the information provided in this application is accurate and does not contain any misrepresentations. My signature below also serves as acknowledgement that I have been provided with the "Your Rights and Responsibilities as a Non-Residential Customer" brochure, which describes common non-residential service classifications and other aspects of non-residential service.

Printer Name of Person Signing Application: \_\_\_\_\_

Date: \_\_\_\_\_

Full Signature: \_\_\_\_\_

The signatory represents and warrants to National Grid that he or she has the full authority to execute this Application on behalf of the business identified on Page 1 of this application.

**For Company Use Only**

Account Number \_\_\_\_\_ Date Service Requested For \_\_\_\_\_

Security Deposit ☐ Yes ☐ No | Amount (if applicable) \_\_\_\_\_

Application Status	Approved by	Date	Service provided on
	Denied by	Date Denial Issued	Denial Reason

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### **ADDITIONAL INFORMATION**

This section provides additional information for those applying for residential rates as a religious organization, community residence, or a veterans' organization.

Certain religious organizations, community residences, as defined in the Mental Hygiene Law, and posts or halls, owned or leased by a not-for-profit corporation that is a veterans' organization, may have the choice of being billed under either residential rates or commercial rates.

For most customers, if you qualify, residential rates are more economical. To receive service under residential rates, you must document your eligibility by attaching the requested information to the Application For Service For Non-Residential Customers. If you submit sufficient documentation to Niagara Mohawk at a later date, the account will be transferred to residential rates as of the date we receive the documents.

If this is a religious organization, you are eligible for residential rates if the premises are used primarily and principally for religious purposes (e.g. for divine worship or other religious observances) or is a school operated by a religious organization with required religious instruction, notwithstanding that secular subjects are taught at such school. To qualify for residential rates, you must provide documentation of your eligibility. Examples of acceptable proof include, but are not limited to: Certificate of Incorporation under the NYS Religious Corporations Law or Education Law; religious charter; letter from a recognized "parent" religious organization; religious designation from the IRS or other governmental agency; or other reasonable documentation that shows your group is organized, in good faith, for religious purposes and that the premises are used primarily and principally for religious purposes. Niagara Mohawk reserves the right to request additional documentation in support of a residential rate. If you apply for and are denied residential rates, you may request, in writing, that we inspect the premises and review the rate determination in light of the information obtained from the inspection. You may also appeal the rate classification to the Public Service Commission.

If this is a community residence, you are eligible for residential rates if, as defined in the Mental Hygiene Law, the residence is operated by a not-for-profit corporation and is either (1) a "supervised living facility" (as defined in the Mental Hygiene Law) providing 24-hour per day on-site supervision and living accommodations for 14 or fewer residents; or (2) a "supportive living facility" (as defined in the Mental Hygiene Law) providing supervised independent living without 24-hour per day on-site supervision. To qualify for residential rates, you must document your eligibility by providing a copy of your Certificate of Incorporation under the Not-For-Profit Corporation Law and license from the NYS Office of Mental Hygiene or the NYS Office of Mental Retardation and Developmental Disabilities. NOTE: Usage must be primarily and principally in connection with a community residence.

If this is a veterans' organization, you are eligible for residential rates under Public Service Law § 76, if the premises is a post or hall owned or leased by a not-for-profit veterans' organization. To qualify for residential rates, eligible customers must submit certification of their status as an organization exempt under IRC Section 501(c)(19).

#### **If you are applying for residential rates as a religious organization, community residence, or a veterans' organization:**

**You May Be Required To Pay A Deposit:** You may be required to pay a deposit when applying for service. The Company has the sole right to determine whether a deposit will be applied and the amount of the deposit. For heating customers, the deposit is based on the cost of two months' service during the heating season. You may call the Company in advance to find out approximately what the deposit amount will be.

**Security Deposit Information:** New non-residential customers are required to pay a deposit when applying for service. Interest is applied only for cash deposits to your account annually at a rate set by the Public Service Commission.

If you have questions about any of the above items, please check with your accountant or contact the NYS Dept. of taxation and the Finance at 1-800-225-5829

#### **HOW TO REACH US BY PHONE**

Call our Commercial Team service Number at 1-800-664-6729 Monday-Friday from 8 am to 4 ~~pm~~ pm.

Have your account number ready.