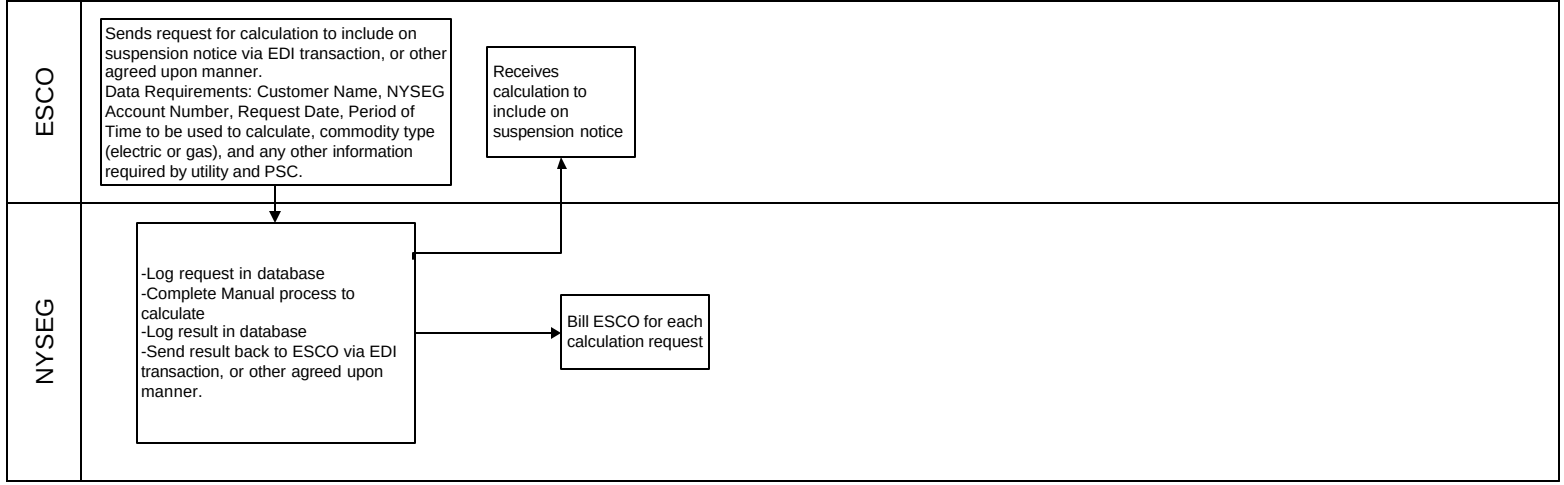
Received: 9/3/2003

ESCO Request for Calculation of Distribution Utility Bill

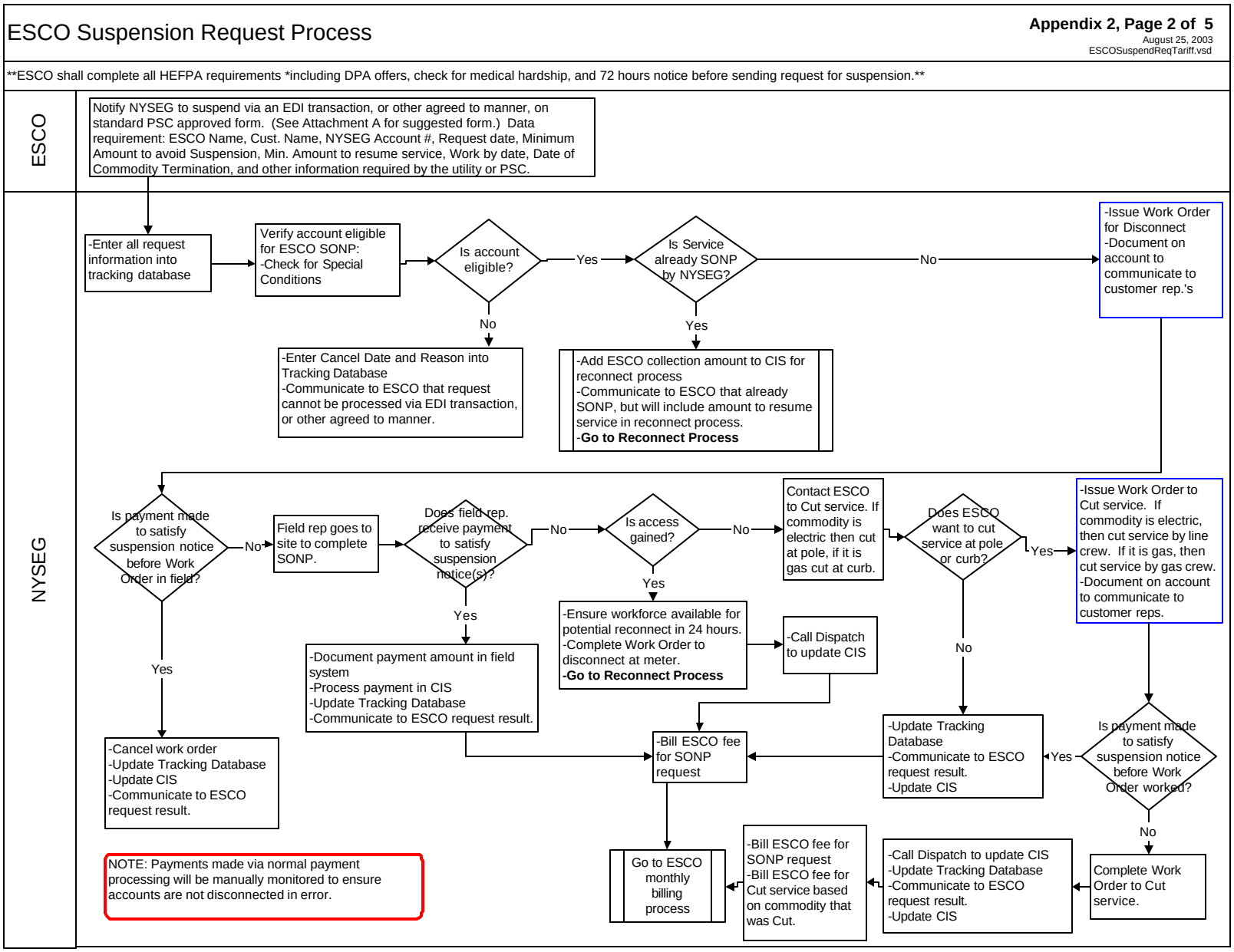
August 25, 2003
ESCOReqCalcTariff.vsf



Received: 9/3/2003

ESCO Suspension Request Process

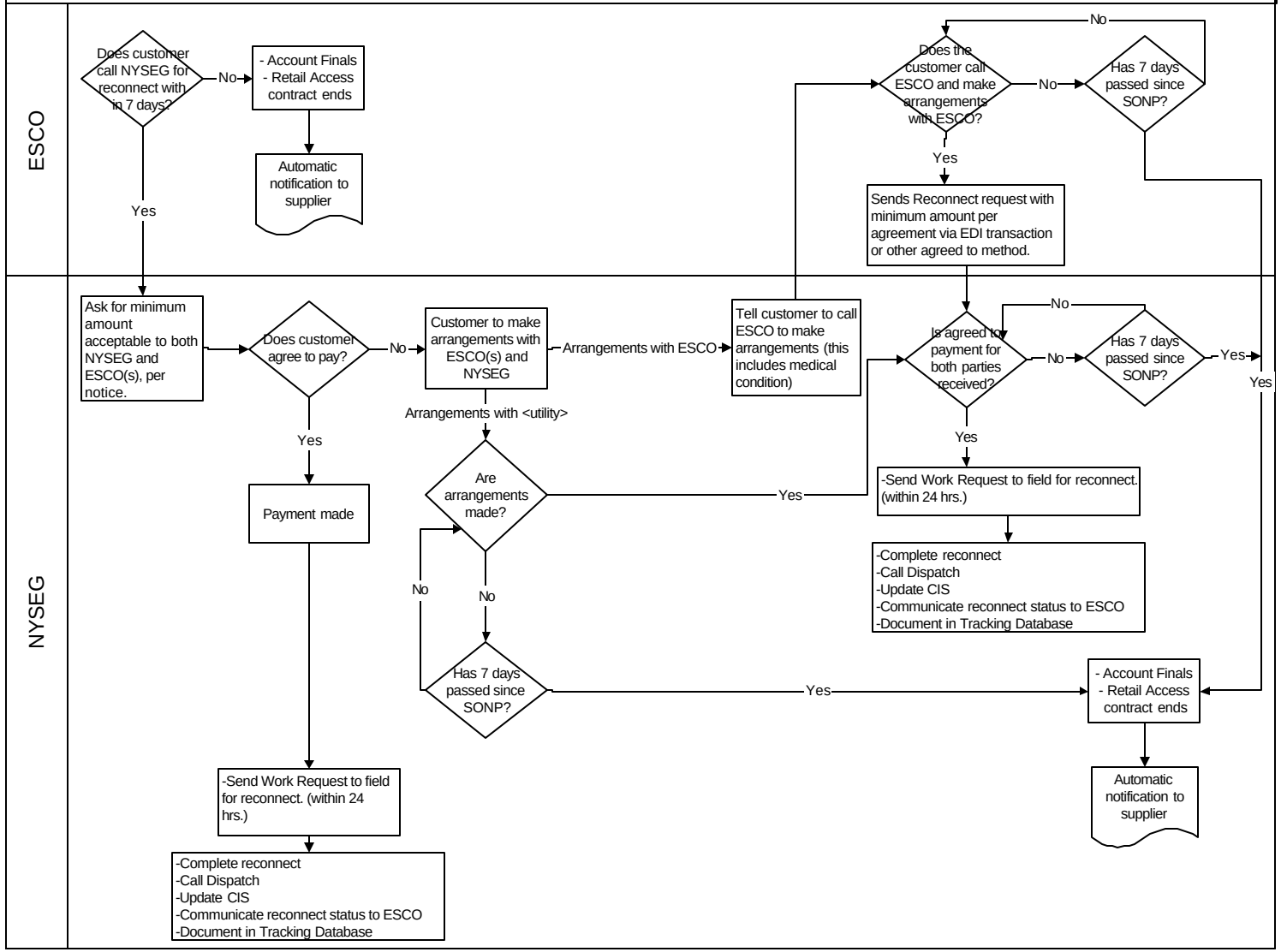
ESCO shall complete all HEFPA requirements *including DPA offers, check for medical hardship, and 72 hours notice before sending request for suspension.



Received: 9/3/2003

Reconnect - Customer SONP for ESCO charges & NYSEG charges

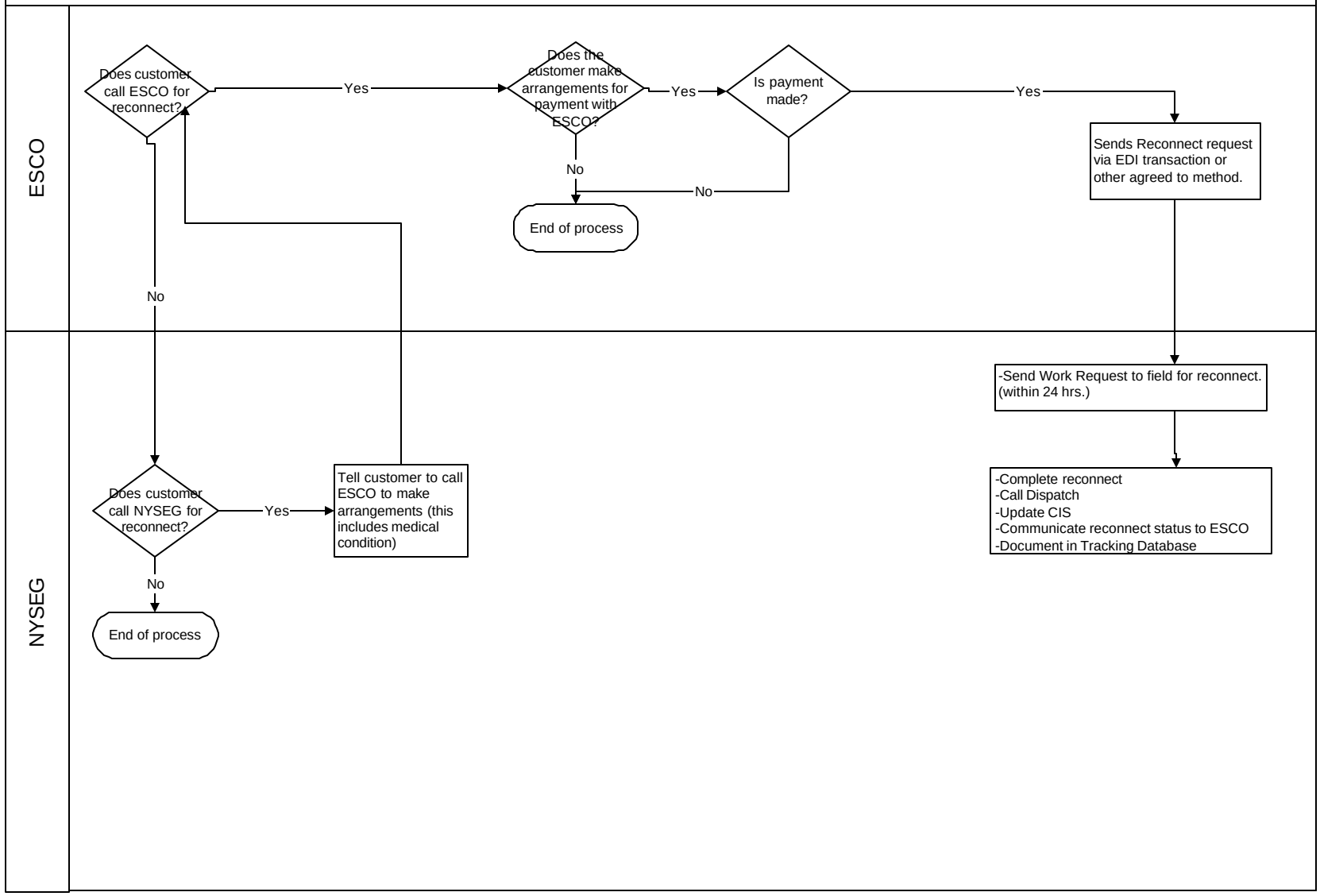
Customer Shut-off for both ESCO and NYSEG amounts owed



Received: 9/3/2003

Reconnect - Customer SONP for ESCO charges only

NYSEG Charges are current, Customer shut-off for ESCO charges only



Received: 9/3/2003

DRAFT FORM

ESCO Request for Residential Electric or Gas Suspension due to Non-Payment

By submitting this form, ESCO requests NYSEG to suspend service to the customers listed below. ESCO represents that the ESCO has complied with all HEFPA requirements in the termination of commodity service for each of such customers, and acknowledges that NYSEG will rely on this representation. ESCO agrees to immediately notify NYSEG of any changes that would cancel suspension request, e.g. receipt of full payment or a DPA is signed. ESCO agrees to pay all costs associated with suspension, as prescribed in NYSEG's tariff. ESCO confirms that it is able to resume service to the customer and confirms that it has not assigned its right to obtain payment of the arrears to an entity that is not a utility. ESCO agrees to indemnify NYSEG from and against any and all claims, demands, damages, costs and expenses, including reasonable attorneys fees arising out of, or related to, or in connection with the suspension of distribution service. ESCO understands that NYSEG may refuse to initiate suspension where NYSEG believes suspension is

Instructions:

Fill in all requested information in the columns below.
Email to: suppliers @nyseg.com
DO NOT SEND REPEAT ACCOUNTS\NAMES

Date:
Contact:
Phone:

Customer (Billing) Name	NYSEG Account #	Service Type (E/G)	Meter #'s to be suspended	Minimum Amount to Avoid Service Suspension	Minimum Amount to Resume Service	Last Workable Date*	Contract Terminated? (Y/N)	Contract Termination Date

*** (Non Workable Days - all NYSEG holidays, Day before a holiday, Friday, or Weekend)**