

PSC NO: 220 ELECTRICITY
 NIAGARA MOHAWK POWER CORPORATION
 INITIAL EFFECTIVE DATE: APRIL 27, 2009

LEAF: 275
 REVISION: 0
 SUPERSEDING REVISION:

Part B. Service Classification – Continued

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

ELECTRIC EQUIPMENT: Type (e.g., air conditioner)	Kilowatts (kws)	Horsepower (HP)	No. of Units	GAS EQUIPMENT: Type (e.g., furnace)	British Thermal Units (BTUs)	No. of Units
1.				1.		
2.				2.		
3.				3.		

C. 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 and/or gas compared to the previous occupant? ☐ Yes ☐ No If yes, please provide details: _____.

D. You have the right to request that we perform an inspection to assure the accuracy of the meter(s) on which you were billed. To request such an inspection, place an "X" here: _____.

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

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

Part C. SIGNATURE

To the best of my knowledge, the information provided in this application is accurate and no attempt has been made to misrepresent the facts. With my signature below, I also acknowledge that I have been provided with "Your Rights and Responsibilities as a Non-Residential Customer."

Application submitted by: (Name – please print)	Title
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Full Signature

For Office Use Only

Date Request Received		Date Service Requested For	
Security Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount (if applicable)	Company Representative
Types of Documents Received			
Application Status	Complete <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Returned to Applicant (if applicable)
	Approved by		Date Service provided on
	Denied by		Date Denial Issued Denial Reason

Questions? Please contact our Commercial and Industrial Team at 1-800-664-6729 from 8am to 5pm Monday through Friday

Issued by Thomas B. King, President, Syracuse, NY