PSC NO: 219 GAS NIAGARA MOHAWK POWER CORPORATION INITIAL EFFECTIVE DATE: 08/01/03 LEAF: 232 REVISION: 0 SUPERSEDING REVISION:

PART A. NEW ACCOUNT INFORMATION

SPECIAL NOTICE TO APPLICANT - Security deposit may or may not be required depending on a credit analysis.

| APPLICANT INFORMATION (person and/or business who will be responsible for new account) Please complete the following: | | | | | |
|--|--|---------------|-------------------|--|--|
| Name of Applicant | | Social Securi | ty No. (Optional) | | |
| Home Address | City | State | Zip | | |
| Home Telephone No. | Contact Telephone No. (Best Hours to Call) | | | | |
| Mail Address | City | State | Zip | | |

Other Niagara Mohawk Accounts:

| Account Number(s) | Address(es) |
|-------------------|-------------|
| | |
| | |

| SERVICE ADDRESS INFORMATION | | | | | | |
|--|------|------------------------|-----------------------------------|-----|--|--|
| Please complete the following: | | | | | | |
| TYPE OF SERVICE Electric Only Electric and Gas | | | | | | |
| Service Address | City | | State | Zip | | |
| Name Service Will Be In Kir | | Kind | Kind of Business | | | |
| Owner/Landlord Name | | Landlord Telephone No. | | | | |
| Owner/Landlord Address | City | | State | Zip | | |
| Access Controller's Name (Person, If Not You, Who Will Provide Access to the Meters) | | | Access Controller's Telephone No. | | | |
| Mail Address | City | | State | Zip | | |

Issued By: William F. Edwards, President, Syracuse, New York