

..DID: 5177
 ..TXT: PSC NO: 218 GAS LEAF: 212
 COMPANY: NIAGARA MOHAWK POWER CORPORATION REVISION: 1
 INITIAL EFFECTIVE DATE: 12/21/98 SUPERSEDING REVISION: 0
 STAMPS:
 Cancelled by 2 Rev. Leaf No. 212 Effective 12/21/1998
 RECEIVED: 09/21/98 STATUS: Cancelled EFFECTIVE: 12/21/98

Do you have (Check all that apply): _____ An emergency generator _____ **Electric** space heating _____ **Electric** hot water heating

Have you made, or do you plan to make, wiring changes on this location? _____ Yes _____ No

5. **GAS INFORMATION:** The amount of gas you use and how you use it 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

Human Needs

- | | |
|---|--|
| _____ Store, restaurant, commercial office
_____ Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school | _____ Apartment House
_____ Mobile Home Park
_____ Rooming or Boarding House
_____ Nursing Home
_____ Medical or Dental Office or Clinic
_____ General Medical or Psychiatric Hospital
_____ Correctional Facility |
|---|--|

Check ALL the uses of gas which apply to this account:

- | | | |
|----------------------------|-----------------------------|---|
| _____ Hot water heating | _____ Laundry dryers | _____ Dual-fuel burner |
| _____ Commercial cooking | _____ Space heating | _____ Gas redistribution to tenants for cooking |
| _____ Gas air-conditioning | _____ Electricity generator | |
| _____ Other _____ | | |

Have you made, or do you plan to make, gas piping changes to this location? _____ Yes _____ No

6. **ENERGY PROFILE:** (If you need help with this section, please call 1-800-664-6729.)

A. Do you use the same amount of electricity or gas each month? If not, please describe your usage pattern.

Electric service usage pattern

Kilowatt Hours (KWH) _____ Kilowatts (KW) _____

Gas Service usage pattern (therms per month) _____

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
1.				
2.				
3.				

	GAS EQUIPMENT: (Type (e.g., furnace))	British Thermal Units (BTUs)	No. of units
1.			
2.			
3.			

Issued By: Albert J. Budney, Jr., President, Syracuse, New York