

..DID: 5176
 ..TXT: PSC NO: 218 GAS LEAF: 211
 COMPANY: NIAGARA MOHAWK POWER CORPORATION REVISION: 1
 INITIAL EFFECTIVE DATE: 12/21/98 SUPERSEDING REVISION: 0
 STAMPS:
 Cancelled by 2 Rev. Leaf No. 211 Effective 12/21/1998
 RECEIVED: 09/21/98 STATUS: Cancelled EFFECTIVE: 12/21/98

PART A. NEW ACCOUNT INFORMATION (cont*d)**MISCELLANEOUS INFORMATION - Complete all applicable following:**

BANK NAME	ACCOUNT TYPE	ACCOUNT NO.	
BANK ADDRESS	CITY	STATE	ZIP
FRANCHISER'S NAME (IF APPLICABLE))		TELEPHONE NO.	
FRANCHISER'S ADDRESS (IF APPLICABLE)	CITY	STATE	ZIP

SERVICE CLASSIFICATION**IMPORTANT INFORMATION**

The cost of service may vary under different service classifications. There are eligibility requirements for each service classification. A customer may be eligible for service under more than one service classification. One classification may be more beneficial than another. You may want to consult with your contractor for help when filling out this form.

IF THE INFORMATION PROVIDED 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 OVERCHARGES BASED ON THE CORRECT SERVICE CLASSIFICATION.

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

- SERVICE BEING REQUESTED:** ____Electric ____Gas ____Electric & Gas
- DATE YOU ARE RESPONSIBLE FOR ACCOUNT:** ____/____/____
- USE OF SERVICE FOR RESIDENTIAL PURPOSES:**

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