

..DID: 935
..TXT: PSC NO: 218 GAS LEAF: 237
COMPANY: NIAGARA MOHAWK POWER CORPORATION REVISION: 0
INITIAL EFFECTIVE DATE: 09/12/97 SUPERSEDING REVISION:
STAMPS:
RECEIVED: 07/03/97 STATUS: Effective EFFECTIVE: 09/12/97

NIAGARA MOHAWK POWER CORP. , 300 ERIE BLVD. W. SYRACUSE, N.Y. 13202
CUSTOMER INQUIRIES TELEPHONE NUMBER: XXX-XXX-XXXX

RESIDENTIAL DEFERRED PAYMENT AGREEMENT

(IF FULL PAYMENT HAS ALREADY BEEN MADE, PLEASE DISREGARD THIS OFFER)

CUSTOMER NAME	BT	DIST	PREMISE NO.
NAME OF INDIVIDUAL MAKING AGREEMENT	CONTACT TELEPHONE NO.		
SERVICE ADDRESS	DATE AGREEMENT OFFERED		

PAYMENT AGREEMENT RULES AND INFORMATION.
PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS AGREEMENT.

1. NIAGARA MOHAWK IS REQUIRED TO OFFER YOU A PAYMENT AGREEMENT THAT YOU ARE ABLE TO PAY.
2. NORMALLY, PAYMENT AGREEMENTS REQUIRE THAT YOU MAKE A DOWNPAYMENT, PAY YOUR CURRENT BILLS ON TIME AND MAKE AN INSTALLMENT PAYMENT EACH MONTH TOWARD YOUR ARREARS BALANCE. IF YOU CAN SHOW THAT YOUR PRESENT FINANCIAL CIRCUMSTANCES WILL NOT ALLOW YOU TO MAKE SUCH PAYMENTS, WE ARE PREPARED (WHERE APPROPRIATE) TO OFFER AGREEMENTS THAT DO NOT REQUIRE A DOWNPAYMENT AND WITH MONTHLY INSTALLMENTS AS LOW AS \$10 ABOVE THE MONTH OF YOUR CURRENT BILL.
3. IF A PERSONAL OR TELEPHONE INTERVIEW TAKES PLACE, WE MAY ASK QUESTIONS REGARDING YOUR INCOME, EXPENSES AND AVAILABLE ASSETS. YOU WOULD BE REQUIRED TO PROVIDE SUCH INFORMATION AND, IF REQUIRED, REASONABLE SUBSTANTIATION THAT THE INFORMATION YOU PROVIDE IS ACCURATE.
4. RECIPIENTS OF PUBLIC ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI) MAY WISH TO CONSIDER CONTACTING THEIR LOCAL SOCIAL SERVICES OFFICE, AS THEY MAY BE ELIGIBLE FOR UTILITY BILL PAYMENT ASSISTANCE.
5. AFTER REVIEWING THE SPECIFIC TERMS OF THIS AGREEMENT (STATED BELOW) IF YOU FEEL YOU ARE NOT ABLE TO MAKE THE REQUIRED PAYMENTS - DO NOT SIGN THIS AGREEMENT. IF YOU HAVE QUESTIONS OR WISH TO DISCUSS THE TERMS WITH A NIAGARA MOHAWK REPRESENTATIVE, CALL _____.

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