

PSC NO: 220 ELECTRICITY
NIAGARA MOHAWK POWER CORPORATION
INITIAL EFFECTIVE DATE: NOVEMBER 20, 2017

LEAF: 276
REVISION: 1
SUPERSEDING REVISION: 0

C. Gas Information

1. The amount and nature/type of your gas usage 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

- Store, restaurant, commercial office
- Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school
- Veteran's Organization
- Warehouse

Human Needs

- Apartment House
- Mobile Home Park
- Correctional Facility
- General Medical or Psychiatric Hospital
- Condominium
- Medical or Dental Office or Clinic
- Rooming or Boarding House
- Nursing Home or Adult Home
- Multi-Family Dwelling

2. Which of the following best describes your use of gas? (*Check all that apply*)

- Hot Water Heating burner
- Commercial Cooking
- Gas air-conditioning
- Laundry Dryers
- Gas redistribution to tenants for cooking
- Electricity Generator
- Dual-fuel
- Space Heating

3. Is your business located at a Building of Public Assembly as described below?

- School, Hospital, Nursing Home or Institution licensed by NYS for the Care of Children
- Factory which normally employs 75 or more people
- Other building with nominal capacity of 75 or more persons to which public is regularly admitted (excluding those used solely as office buildings or residential apartments and normally have no other utilization in excess of the 75-person limit).

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

Gas Equipment Type (ex. furnace)	British Thermal Units (BTUs)	No. of Units

5. 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 gas compared to the previous occupant?

Yes No If yes, please provide details:

6. You have a right to request that we perform an inspection to assure the accuracy of the meter(s) on which you will be billed. To request such an inspection please place an 'X' here: _____

Issued by Kenneth D. Daly, President, Syracuse, NY 13202