

PSC NO: 220 ELECTRICITY
 NIAGARA MOHAWK POWER CORPORATION
 INITIAL EFFECTIVE DATE: APRIL 27, 2009

LEAF: 274
 REVISION: 0
 SUPERSEDING REVISION:

Part B. Service Classification – Continued

4. USE OF SERVICE FOR RESIDENTIAL PURPOSES:

- A. Is any part of the structure served by this meter(s) used for RESIDENTIAL purposes, such as rooms for rent, apartments, or your own residence? ☐ Yes ☐ No (if answer is NO, go to number 5)
- B. Are your residence and your business in the same structure and are both areas served by the same meter?
☐ Yes ☐ No
- 1) How many individual rooms are devoted to your business? _____
- 2) Of the total area of the structure, what percentage of space is devoted to your business? _____
- 3) How many employees, if any, work for you at this location? _____
- C. How many individual residential units are provided for the following ELECTRIC services?
 Lighting _____ Heating _____ Water Heating _____ Cooking _____ Common area Lighting/Heating _____ (Basement, Hallway, etc.)
- D. How many individual residential units are provided for the following GAS services?
 Lighting _____ Heating _____ Water Heating _____ Cooking _____ Common area Lighting/Heating _____ (Basement, Hallway, etc.)

5. ELECTRIC INFORMATION:

- A. The amount of electricity you use and how you use it will generally determine the rate at which you'll be billed. Which of the following best describes your business or premises? (*Check only one*)
☐ Store, Restaurant, Commercial Office. Indicate Type: _____
☐ Medical or professional office building or suite
☐ Apartment or premises, in a residential building, where business is also conducted (doctor's office, beauty parlor, real estate, etc.)
☐ Hotel, motel, hospital, nursing home
☐ Religious use, such as a house of worship, living quarters for the clergy, rectory or parochial school
☐ Other (Describe) _____
- B. Which of the following best describes your use of electricity? (*Check only one*)
☐ Exclusively for hall lighting, elevators, and other common areas of apartment or commercial building
☐ Entire premises for your own use (Example: retail store)
☐ Entire premises, including redistributing electricity to: ☐ Residential tenant ☐ Commercial tenants
- C. Do you have (*Check all that apply*):
☐ An emergency generator ☐ Electric space heating ☐ Electric hot water heating

6. GAS INFORMATION:

- A. 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*)
- | | | |
|--|--|---|
| <u>Non-Human Needs</u> | <u>Human Needs</u> | |
| <input type="checkbox"/> Store, restaurant, commercial office | <input type="checkbox"/> Apartment House | <input type="checkbox"/> Medical or Dental Office or Clinic |
| <input type="checkbox"/> Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school | <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Rooming or Boarding House |
| <input type="checkbox"/> Veteran' Organization | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Nursing Home |
| | <input type="checkbox"/> General Medical or Psychiatric Hospital | |
- B. 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 _____
- C. 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).

7. ENERGY PROFILE:

- 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) _____

Questions? Please contact our Commercial and Industrial Team at 1-800-664-6729 from 8am to 5pm Monday through Friday

Issued by Thomas B. King, President, Syracuse, NY