

PSC NO: 219 GAS
NIAGARA MOHAWK POWER CORPORATION
INITIAL EFFECTIVE DATE: 08/01/03

LEAF: 238
REVISION: 0
SUPERSEDING REVISION:

PART D. ADDITIONAL INFORMATION

1. SALES TAX STATUS:

What is sales tax status of your business?

_____ Taxable _____ Non-taxable _____ Partially Tax Exempt

**IF YOU CLAIM TAX EXEMPTION, THE APPROPRIATE EXEMPT CERTIFICATION
MUST BE ATTACHED TO THIS FORM.**

2. IDENTIFICATION NUMBER:

Enter Taxpayer Identification No., either your Employer Tax ID No. or your Social Security No.:

3. BANK REFERENCE:

Name and Address of Bank: _____

Account in name of: _____

PART E. SIGNATURE

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts. By my signature below, I also acknowledge that I have been given the pamphlet entitled **“YOUR RIGHTS AND RESPONSIBILITIES AS A NON-RESIDENTIAL CUSTOMER”**.

APPLICATION SUBMITTED BY: (NAME)	AFFILIATION TO PERSON RESPONSIBLE FOR ACCOUNT: _____ Owner _____ Partner _____ Corporate Officer _____ Agent _____ Other (explain) _____
FULL SIGNATURE:	TITLE:

Issued By: William F. Edwards, President, Syracuse, New York