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PSC NO: 219 GAS NIAGARA MOHAWK POWER CORPORATION INITIAL EFFECTIVE DATE: 08/01/03 LEAF: 236 REVISION: 0 SUPERSEDING REVISION:

PA	RT B. S	ERVICE C	CLASSIFI	CATION	(cont'd)						
		heck all that a		An emer	gency ger	erator		Electric sp	ace heating		
Have	you made,	or do you pla	n to make, w	viring change	es on this	ocatio	on?	Yes	No		
5.	GAS INFORMATION: The amount of gas you use and how you use it will generally determine the rate a which you will be billed. Which of the following best describes your business or premises? (<i>Check only one</i>)										
		Non-Human Needs Store, restaurant, commercial office Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school Veterans' Organization					Human Needs Apartment House Mobile Home Park Rooming or Boarding House Nursing Home Medical or Dental Office or Clinic General Medical or Psychiatric Hospital Correctional Facility				
	Check ALL the uses of gas which apply to this account Hot water heating Laundry dryers Commercial cooking Space heating Gas air-conditioning Electricity gener Other					Dual-fuel burner Gas redistribution to tenants for cooking					
6.		Have you made, or do you plan to make, gas piping changes to this location? Yes No ENERGY PROFILE: (If you need help with this section, please call 1-800-664-6729.)									
0.	A. Do you use the same amount of electricity or gas each month? If not, please describe your usag pattern.									your usage	
		Electric service usage pattern									
	Kilowatt Hours (KWH) Kilowatts (KW)										
		Gas Service usage pattern (therms per month)									
	B. Do you know what high consumption equipment you will be using? If so, enter below; if not, leave blank.										
		EQUIPMENT tir conditioner)	Kilowatts (KWs)	Horsepower (HP)	No. of Units			QUIPMENT e.g., furnace)	British Thermal Units (BTUs)	No. of units	
1. 2.						2.					
3.						3.					

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