

PSC NO: 219 GAS  
NIAGARA MOHAWK POWER CORPORATION  
INITIAL EFFECTIVE DATE: 11/03/04  
STAMPS: Issued in Compliance with Order of PSC in Case 02-M-0515 dated 08/04/04.

LEAF: 230  
REVISION: 1  
SUPERSEDING REVISION: 0

**APPLICATION FOR GAS SERVICE  
FORM "A"**

Date: \_\_\_\_\_, 20\_\_

I (CUSTOMER), hereby apply to Niagara Mohawk Power Corporation (COMPANY) to supply natural gas for use upon the premises located at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I require gas service to begin on \_\_\_\_\_, 20\_\_ and to continue until canceled. I agree to observe and perform all rules and regulations of Niagara Mohawk Power Corporation and to pay the rates provided by Service Classification No. \_\_\_\_ P.S.C. No. 219 filed with the P.S.C. of the State of New York.

I agree that if the premises are to be served from a main extension constructed, pursuant to Rule 10, of the **GENERAL INFORMATION**, contained in the Company's schedule for the Gas Service, P.S.C. No. 219 Gas, I will pay the charges required under this rule.

If service is to be taken under Service Classification No. 13, I agree that, upon prior notice by the Company, the Company may install an Approved Remote Meter (ARM) at the premises to be served. I agree to provide access to an electrical supply, if necessary, and phone line for the operation of the device in an area acceptable to the Company.

I will provide Niagara Mohawk Power Corporation with a copy of the installation proposal for the gas appliance(s) to be installed. A copy of the installation proposal will be required with the submittal of this Form A.

In addition, I agree to reimburse Niagara Mohawk Power Corporation the entire cost of service line if I have not activated an appliance within 90 days of the date the service line is installed.

The cost of the service line is \$\_\_\_\_\_ per foot.

CUSTOMER

NIAGARA MOHAWK POWER CORPORATION

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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