

PSC NO: 219 GAS
NIAGARA MOHAWK POWER CORPORATION
INITIAL EFFECTIVE DATE: 07/25/05

LEAF: 235
REVISION: 1
SUPERSEDING REVISION: 0

Part B. Service Classification – Continued

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)*

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

Human Needs

Apartment House Medical or Dental Office or Clinic
Mobile Home Park Rooming or Boarding House
Correctional Facility Nursing Home
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: William F. Edwards, President, Syracuse, New York