

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

LEAF: 236
REVISION: 1
SUPERSEDING REVISION: 0

Part B. Service Classification – Continued									
B. Do you know what high consumption equipment you will be using? If so, enter below; if not, leave blank.									
ELECTRIC EQUIPMENT: Type (e.g., air conditioner)		Kilowatts (kws)	Horsepower (HP)	No. of Units		GAS EQUIPMENT: Type (e.g., furnace)		British Thermal Units (BTUs)	No. of Units
1.						1.			
2.						2.			
3.						3.			
C. Have you or do you plan to add or remove any equipment, make any renovations, or implement any changes to your business operations that would significantly increase or decrease the amount of electricity and/or gas compared to the previous occupant? ____Yes ____No If yes, please provide details: _____									
Based on your responses, we have determined the following information:									
Type of Service	Rate	Revenue Class	SIC Code	Assigned by			Date		
Electric									
Gas									
Part C. Signature									
To the best of my knowledge, the information provided in this application is accurate and no attempt has been made to misrepresent the facts. With my signature below, I also acknowledge that I have been provided with "Your Rights and Responsibilities as a Non-Residential Customer."									
Application submitted by: (Name – please print)				Title					
Full Signature									
For Office Use Only									
Date Request Received				Date Service Requested For					
Security Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount (if applicable)			Company Representative			
Types of Documents Received									
Application Status		Complete <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Returned to Applicant (if applicable)					
		Approved by		Date		Service provided on			
		Denied by		Date Denial Issued		Denial Reason			

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