DID:	6161						
TXT: PSC	C NO: 218	GAS			LEAF:	209	
COMPANY: N	JIAGARA MO	HAWK POWER	CORPORATION		RE	VISION:	2
INITIAL EF	FECTIVE D	ATE: 01/04/	/99	SUPERSEDING	REVISION	1: 1	
STAMPS:							
EFFECTIVE	under aut	hority of E	SC 98-G-132	4SP1 made 12	2/17/98		
RECEIVED:	12/04/98	STATUS: Eff	Eective EFFE	CTIVE: 12/21	/98		

PART A. NEW ACCOUNT INFORMATION

SPECIAL NOTICE TO APPLICANT - Security deposit may or may not be required depending on a credit analysis.

APPLICANT INFORMATION (person and/or business who will be responsible for new account) Please complete the following: Name of applicant Social Security No. (optional) Home Address City State Zip Home telephone no. Contact telephone no. (Best hours to call) Mail Address City State Zip

Other Niagara Mohawk Accounts:

Account number(s)	Address(es)

SERVICE ADDRESS INFORMATION - Please complete the following:								
TYPE OF SERVICE Electric only Gas only Electric and Gas								
Service Address	City		State	Zip				
Name service will be in	Kind	Kind of business						
Owner/Landlord name			Landlord telephone no.					
Owner/Landlord address	City		State	Zip				
Access controller's name (person, if not you, who will provide access to the meters)				Access controller's telephone no.				
Mail Address	City		State	Zip				

Issued By: <u>Darlene D. Kerr, Executive Vice President, Syracuse, New York</u>