

Niagara Mohawk Power Corporation d/b/a National Grid Commercial System Relief Program (CSRP) Application Form



National Grid (the “Company”) administers a Commercial System Relief Program which is being offered by the Company in response to the Commission’s order in Case 14-E-0423. This Program will enable eligible customers to reduce their load when called upon by the Company to do so during the summer capability period of May 1 through September 30. Customers participating in this Program must install or have installed an interval-based meter. Customers must be served under the following Service Classifications: 1, 2 (Special Provision P), 3 (Special Provision L), 3A, 4, 7, or 12.

Customers must submit this application as evidence of their intent to provide load reduction in accordance with Rule 62 – Peak Shaving Load Relief Program of the Company’s General Electric Tariff. Customers wishing to participate in this program must complete this form and return it to **DR@nationalgrid.com**.

Participation in the National Grid Commercial System Relief Program is voluntary. By signing this form, you agree you are the account holder of record or responsible for representing your company and agree to all the terms of this Program. Customers will be notified in writing by the Company of Program acceptance. Customers may terminate their enrollment in this Program by notifying the Company thirty days before the next month of the capability period.

Select a Program

- Reservation Payment Option Voluntary Participation Option

Customer Type*

- Aggregator (Aggregator must supply all requested information for each Customer being represented)
 Direct Customer

*All applicants must attach a current W9 Form.

Total Contracted kW of Load Relief:

Select a Baseline Methodology

- Weather Adjusted Average Day

**Niagara Mohawk Power Corporation d/b/a National Grid
Commercial System Relief Program (CSRP) Application Form
Attachment B**



Customer Business Information

Customer Name:			
Mailing Address:	City:	State:	Zip:
Phone:	Account Number:		
Email:	Contact Name:		

Customer Generator Information

Serial Number:	
Nameplate Rating:	
Manufacturer:	
Date of Manufacture:	
Fuel Type/Energy Source:	
kW Enrolled:	
Generator Features <i>(Select all that apply)</i> :	<input type="checkbox"/> Three-Way Catalyst Emission Controls <input type="checkbox"/> Natural Gas burn Engine model year 2000 or newer <input type="checkbox"/> Diesel-Fired Engine model year 2000 or newer <input type="checkbox"/> NOx Emission Level no more than 2.96 lb/mWh

Disclaimer and Signature

By signing this application, you certify that you are the account holder or are authorized to represent your company and acknowledge that you are responsible for providing accurate customer data and attest to adherence of National Grid's tariff under this Program.

Signature:	Name:	Date:
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Any questions? Please submit to DR@nationalgrid.com