

**NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE
STATEMENT OF GROSS INTRASTATE OPERATING REVENUES**

UTILITY NAME and ADDRESS

I hereby certify that the amount shown below is the NEW YORK STATE gross **Intrastate** operating revenues of this utility for the period reported.

Calendar Year 2015

\$ _____

Signature

Title

Date

Federal ID Number

Notary Public

Please return this form by **MARCH 31, 2016** to:

Director of Finance & Budget
NYS Dept. of Public Service
Three Empire State Plaza – 16th Floor
Albany, New York 12223-1350

Failure to comply with this request could result in penalties as provided by Public Service Law, Section 95.