

NEW HAMPSHIRE DEPARTMENT of ENERGY
MONTHLY REPORT OF INTERRUPTIONS OF SERVICE
 (In compliance with En 509.09)

Company Name: _____

MONTH OF _____ **20**_____

DATE	TIME			*NUMBER OF CUSTOMERS AFFECTED (APPROX)		
	FROM	TO	ELAPSE	LOCATION	*NUMBER	CAUSE OF INTERRUPTION

Supervisor's Name / Title: _____
 (please print)

Supervisor's Signature: _____

Date Submitted: _____