

NEW HAMPSHIRE DEPARTMENT of ENERGY  
INFORMATION SHEET

Name of Utility:

Officer or individual to whom the **ANNUAL REPORT** should be mailed:

Name:

Title:

Street:

City/State/Zip Code:

E-Mail address:

Telephone including Area Code:

Officer or individual to whom the **N.H. UTILITY ASSESSMENT TAX** should be mailed:

Name:

Title:

Street:

City/State/Zip Code:

E-Mail address:

Telephone including Area Code:

The names and titles of principal officers are: (**Effective:** \_\_\_\_\_ )

Name

Title

E-Mail Address

**Supervisor's Name / Title:** \_\_\_\_\_  
(please print)

**Supervisor's Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

The above information is requested for our office directory.