Form E-2

NEW HAMPSHIRE DEPARTMENT OF ENERGY
QUARTERLY REPORT ON INTERRUPTIONS OF SERVICE OVER 5 MINUTES DURATION

Company:_____ Quarter Ending:_____

Date	Time			Town	# of Customers Affected	Cause of Interruption/Remarks
	From	To	Elapsed			

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

Supervisor's Signature:_____ **Date Submitted:**_____

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