

**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 FEE** 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: month/day/year)**

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.