FORM E-23

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

Company Name: **MONTH OF_____ 20_____**

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

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

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