

NEW YORK STATE  
DEPARTMENT OF PUBLIC SERVICE  
STATEMENT OF GROSS INTRASTATE OPERATING REVENUES

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UTILITY NAME and ADDRESS

I hereby certify that the amount shown below is the NEW YORK STATE gross **Intrastate** operating revenues of this utility for the period reported.

Calendar Year 2018

\$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal ID Number

\_\_\_\_\_  
Notary Public

Please return this form by **MARCH 31, 2019** to:

Director of Finance & Budget  
NYS Dept. of Public Service  
Three Empire State Plaza – 16<sup>th</sup> Floor  
Albany, New York 12223-1350

**Failure to comply with this request could result in penalties as provided by Public Service Law, Section 95.**