



New York State Public Service Commission
Office of Consumer Services
Service Provider Contact Information

Date _____

Company Name _____

Service Type (Check all that apply): Gas ☐ Elec ☐ ESCO ☐ Cable TV ☐
Water ☐ ILEC ☐ CLEC ☐ Toll Only ☐ Other _____

President

Mailing Address _____

Email Address _____

Phone Number _____ Fax Number _____

Vice President / Director of Customer Service _____

Mailing Address _____

Email Address _____

Phone Number _____ Fax Number _____

Primary Regulatory Complaint Manager _____

Mailing Address _____

Email Address _____

Phone Number _____ Fax Number _____

Secondary Regulatory Complaint Manager _____

Mailing Address _____

Email Address _____

Phone Number _____ Fax Number _____

The PSC electronically transmits consumer complaints to service providers. You must identify a fax number and/or an email address box that is shared by a group of people. (NOTE: WE WILL NOT SEND COMPLAINTS TO PERSONAL EMAIL ADDRESSES. A SHARED EMAIL ADDRESS MUST BE IDENTIFIED OR THE TRANSMISSION WILL DEFAULT TO THE FAX NUMBER) Please identify the address/es to which we should transmit our complaints:

Email: _____ Fax: _____