



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

*Completed forms should be submitted to OCS.OPERATIONS@DPS.NY.GOV*

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:** \_\_\_\_\_