



Narragansett Electric

156

From	To	Rate	Reading	Constant	KWH used	Description	Amount
Jan 31	Feb 28	S			1285705	Lighting	81689.83
Your account number			Demand	Bill includes cost of fuel		Month	Total
149 60100 850000						Feb 78	81689.83
				Per KWH	Total		

For service at Prov Area

Supply no.

Detach
here →

State sales tax included - when required by law

Please return this stub with your payment

Month	Your account Number	Amount now due
Feb 78	149 60100 850000	81689.83

Please use reverse side for comments or corrections and enter a check mark here ☐

Narragansett Electric

Amount Paid
(If different from above)

City of Providence
Public Serv. Eng.
112 Union St.
Providence, RI 02903

\$

See reverse side for explanation of Customer Rights

Right To Dispute Your Bill And To An Impartial Hearing

If you believe your bill is inaccurate or for any reason payment may be withheld, you should first contact our Customer Service Department at 781-0100 (Providence Area) or toll free number shown on reverse side. If a mutually satisfactory settlement of this matter cannot be made, you have the right to submit this matter to:

Review Officer, Public Utilities Commission
100 Orange Street, Providence, Rhode Island 02903
Telephone: 277-2443

The Narragansett Electric Company will not disconnect your service pending proceedings before the commission.

Right To Electric Service During Serious Illness

If you or anyone presently and normally living in your home is SERIOUSLY ILL, we will not discontinue your electric service during such illness providing you have a registered physician certify in writing to us that such illness exists, the nature and duration of the illness. This certification must be received within seven (7) days from the date that your physician initially contacts The Narragansett Electric Company at 781-0100 (Providence Area) or toll free number shown on reverse side.

FILED

MAR 6 10 06 AM '78

DEPT. OF CITY CLERK
PROVIDENCE, R.I.

My comments _____

Name _____ Acct. No. _____

Address _____ Tel. No. _____

City _____

Narragansett Electric 156

From	To	Rate	Reading	Constant	KWH used	Description	Amount
Jan 31	Feb 28	S			1285705	Lighting	81689.83

Your account number
149 60100 850000

Demand

Bill includes cost of fuel

Month

Total

Feb 78 81689.83

Per KWH

Total

For service at Prov Area

Supply no.

IN CITY COUNCIL
MAR 16 1978

APPROVED:

Rose M. Mendenhall CLERK

Detach
here →

State sales tax included - when required by law

Please return this stub with your payment

Month

Your account Number

Amount now due

Feb 78

149 60100 850000

81689.83

Please use reverse side for comments or corrections and enter a check mark here ☐

Narragansett Electric

City of Providence
Public Serv. Eng.
112 Union St.
Providence, RI 02903

Amount Paid
(If different from above)

\$

See reverse side for explanation of Customer Rights

Right To Dispute Your Bill And To An Impartial Hearing

If you believe your bill is inaccurate or for any reason payment may be withheld, you should first contact our Customer Service Department at 781-0100 (Providence Area) or toll free number shown on reverse side. If a mutually satisfactory settlement of this matter cannot be made, you have the right to submit this matter to:

Review Officer, Public Utilities Commission
100 Orange Street, Providence, Rhode Island 02903
Telephone: 277-2443

The Narragansett Electric Company will not disconnect your service pending proceedings before the commission.

Right To Electric Service During Serious Illness

If you or anyone presently and normally living in your home is SERIOUSLY ILL, we will not discontinue your electric service during such illness providing you have a registered physician certify in writing to us that such illness exists, the nature and duration of the illness. This certification must be received within seven (7) days from the date that your physician initially contacts The Narragansett Electric Company at 781-0100 (Providence Area) or toll free number shown on reverse side.

RECEIVED
MAR 6 10 06 AM '78
DEPT. OF CITY CLERK
PROVIDENCE, R.I.

My comments _____

Name _____ Acct. No. _____
Address _____ Tel. No. _____
City _____