



Narragansett Electric

348

Benefit St.

From	To	Rate	Reading	Constant	KWH used	Description	Amount
MAR 28	APR 29	CO2	01556		8658	ELECTRIC	640.65
						PREV BAL	4067.15
						INTEREST	50.84

Your account number	Demand	Fuel factor per KWH	Month	Total
60100 83870 0			MAY 80	4758.64

For service at BENEFIT ST

Supply no.

IN CITY COUNCIL
JUN 5 1980

APPROVED:

Rose M. Mendonca
CLERK

Detach
here

FILED
JUN 15 1 37 PM '80
CITY CLERK
CITY OF PROVIDENCE, R.I.

State sales tax included - when required by law

Please return this stub with your payment

Month	Your account Number	Amount now due
MAY 80	60100 83870 0	4758 64

△

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
CITY ENGINEER
112 UNION ST
PROVIDENCE, RI 02903

BENEFIT STREET

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.

My comments _____

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



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