



**Notice of Initiating / Terminating Self-Supply**

**Customer Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Eversource NH Account #(s) Affected:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Address (if different from above):** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Contact E-Mail:** \_\_\_\_\_

**Dun & Bradstreet #:** \_\_\_\_\_

**Asset ID #:** \_\_\_\_\_

**Submitted by (customer's signature required):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

**Customer Signature Date:** \_\_\_\_\_

**Date for Self-Supply:    Initiation:** \_\_\_\_\_ **Termination:** \_\_\_\_\_

**The completed form with the customer's signature must be received by the Public Service Company of New Hampshire (d/b/a Eversource Energy) Supplier Services Department at least two (2) full business days prior to the cycle read date to be effective as of the next billing date.**

If this is a first time request for self-supply with Eversource Energy, please contact us as soon possible regarding ISO requirements and to allow for additional processing time.

Aaron Downing  
Eversource  
Tel: 603-634-3629  
Fax: 603-634-3750  
E-Mail: [SupplierServicesNH@Eversource.com](mailto:SupplierServicesNH@Eversource.com)