



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:** _____