



# New York State Broadcasters Association

## Utility Payment Deferral Request Form

Station/Business Name Appearing on Utility Bill: \_\_\_\_\_

\_\_\_\_\_

Station Billing Address on Utility Bill: \_\_\_\_\_

\_\_\_\_\_

Utility Account Number: \_\_\_\_\_

\_\_\_\_\_

Name of Utility: \_\_\_\_\_

\_\_\_\_\_

Reason for Deferral & Proposed Payment Date: (attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Scan and email to David Donovan at [ddonovan@nysbroadcasters.org](mailto:ddonovan@nysbroadcasters.org)**

**Stations are solely responsible for the accuracy of all information provided in this form.**

*With the exception of providing the above information to the NY PSC, NYSBA will keep all information confidential*