Sample Form: 3/6/12 12:12 PM

NATURAL GAS RESIDENTIAL CUSTOMER NOTIFICATION - Option 2

## Dear Name of Municipality Resident:

Name of Municipality has passed an ordinance or resolution (If part of a larger program[ to join with neighboring towns to establish a Name of Aggregation Program, e.g. Essex County Aggregation Program,]) which permits the aggregation of all residential customers in Name of Municipality for the purpose of purchasing natural gas at rates lower than currently available from your natural gas utility. Municipality/County has combined the load of all residential customers (and possibly some commercial customers) and sought competitive bids from licensed suppliers to provide this supply service. We have decided to accept the bid(s) of Name(s) of TPS.

[Insert paragraph explaining the cost to the customer of participation in the program and any other information necessary to enable the customer to compare the program to other alternatives. This information should include a typical residential customer annual bill comparison between the selected supplier and the utility's approved BGSS rates. It should also include a statement that natural gas utility rates could increase or decrease during the course of the program, which would affect the level of customer savings.]

The aggregation program is only for the gas supply portion of your natural gas service. The delivery portion will continue to be provided by <u>utility name</u> at regulated rates and <u>utility name</u> will continue to provide all emergency and safety services. <u>Utility name</u> will also continue to provide customer services such as meter reading, billing<sup>1</sup> and service restoration.

The <u>Name of Aggregation Program</u> has been structured to provide residential customers with maximum possible savings at a minimum of risk. The program will last for <u>length</u> and service with <u>Name of TPS</u> will begin <u>on or after date</u>. If for any reason you are dissatisfied with the new supply service, you have the right to leave the aggregation program at any time that you choose<sup>2</sup>.

IMPORTANT: As a residential natural gas customer who has not chosen a Third Party Supplier for your gas supply, you will be <u>AUTOMATICALLY ENROLLED</u> in this program unless you indicate your desire not to participate by completing, signing and mailing the attached response card by <u>date</u>. (The date shall be equal to 30 calendar days after the postmark on the notice.) (If another method of opting out is offered to the customer, that method may be described here.)

Additional information about government aggregation can be obtained from your municipal office at <u>address</u> or from <u>Utility name</u> at <u>xxx-xxx-xxxx</u>. If you have a specific question concerning the program outlined above, you should contact <u>name</u> (municipal contact) by phone at <u>xxx-xxx-xxxx</u> or by e-mail at <u>xxxx@xxxx.xxx</u> for additional information.

Sincerely, (Town/County Official)

<sup>&</sup>lt;sup>1</sup> Other billing arrangements may apply for customers who do not remain current with their utility payments.

<sup>&</sup>lt;sup>2</sup> Switching out of the aggregation program is subject to State-approved processes and time delays.