

Enclosed is the dispute form for National Grid that you requested. Please fill out all questions and mail or fax the packet to the address on page 6.

Please note that a dispute is defined as ID Theft/Fraud or if services are erroneously in the name of a minor.

Please also forward a second copy of the dispute form to:

Stevens Business Service, Inc.  
PO Box 1233  
Lowell, MA 01853  
Fax: 978-937-7889

If you have any questions about this form or your bill, please feel free to call us at 1-800-371-8336 Monday through Friday 8:00AM to 8:30PM

**“This is an attempt to collect a debt. Any information obtained will be used for that purpose. You are now communicating with a debt collector.”**

**FINAL BILL DISPUTE INSTRUCTIONS**

Recently, you contacted us requesting a review of a dispute you may have with National Grid. **In an effort to facilitate the resolution of your dispute, please complete the applicable portion of this form.**

**Collection efforts on this disputed account will be suspended for up to fifteen (15) days. However, if we do not receive the necessary information from you, or your information is not complete within the fifteen (15) days, collection efforts will resume on the disputed amount. If we do not hear from you within the fifteen (15) days, we will assume that you do not wish to pursue this matter, and will consider your dispute inquiry closed.**

National Grid will notify you in writing of the final results of your dispute.

**ALL QUESTIONS PERTAINING TO YOUR DISPUTE MUST BE ANSWERED AND ALL DOCUMENTS THAT SUPPORT YOUR CLAIM MUST BE ATTACHED TO THIS FORM.**

Account number: \_\_\_\_\_

Amount in dispute: \$ \_\_\_\_\_

Is this disputed information listed on your credit report? Yes  No  Unknown

Your name: \_\_\_\_\_

Current address: \_\_\_\_\_

Current mailing address, if different: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Current phone number: \_\_\_\_\_

Your social security number: \_\_\_\_\_

**(While not required, if you do not provide your social security number, you must submit two (2) alternate forms of identification. (See Page 5)**

Previous address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_



**SECTION IA – MINOR**

In order to process your dispute for **SECTION IA – MINOR** you will be required to answer all questions in this section and send in the following documents:

- ◆ A copy of a **Police Report** is required (page 5)
- ◆ A copy of your **Birth Certificate** is required
- ◆ If obtainable, a **Statement of Responsibility** can be sent in for this section (page 5)

1. What is the address you are disputing? (house number, street, city, zip code)

\_\_\_\_\_

2. Did you ever live at the disputed address? Yes  No

3. Do you know who lived there during the disputed dates? Yes  No

If yes, who: \_\_\_\_\_ Relationship \_\_\_\_\_

4. Date of Birth: (Month/Day/Year) \_\_\_\_\_

## **SECTION II – BILLING DATES**

In order to process your dispute for **SECTION II – BILLING DATES** you will be required to answer all questions in this section and send in the following documents:

- ◆ Acceptable **Proof of Residency** is required. (See page 5)

1. What is the address you are disputing? (house number, street, city, zip code)

\_\_\_\_\_

2. What dates did you reside at or own the disputed address?

From \_\_\_\_\_ To \_\_\_\_\_

3. Did you call National Grid to disconnect service? If so, on what date did you call to have services disconnected at the disputed address? (Month/Day/Year).

\_\_\_\_\_

4. What telephone number did you call from to request disconnection of service? (Please include area code).

\_\_\_\_\_

5. At the time of your disconnect, did you request a connect for new services at another National Grid address?

Yes  No

If yes, at what address? (house number, street, city, zip code)

\_\_\_\_\_

## **SECTION III – BILL PAID**

In order to process your dispute for **SECTION III – BILL PAID** you will be required to answer all questions in this section and send in the following documents:

- ◆ A copy of the **Cancelled Check** is required (see page 5)

1. What is the address you are disputing? (house number, street, city, zip code)

\_\_\_\_\_

2. Please tell us where, when, and to whom the payment was made.

\_\_\_\_\_

## **ADDITIONAL DOCUMENTATION**

Throughout this packet additional documentation to support your dispute may be required. Here is a list of acceptable documentation and brief descriptions:

**PROOF OF RESIDENCY** for the disputed address or for the residence at which you actually resided during the disputed time frame.

### **Acceptable forms of Residency include:**

- ◆ Lease
- ◆ Deed
- ◆ Bill of Sale
- ◆ Notarized landlord statement (**requires signature of Landlord**)
- ◆ Recent mortgage statement
- ◆ Utility/Auto Insurance bills
- ◆ Vehicle/Voter Registration

**FORMS OF IDENTIFICATION** 2 forms of identification are needed **IF** you do not provide us with your social security number.

### **Acceptable alternate forms of identification include:**

- ◆ Driver's License
- ◆ Sheriff's Card
- ◆ Passport
- ◆ Work Stub
- ◆ Benefits card for DSS
- ◆ Social Security Card
- ◆ Military ID
- ◆ Student ID
- ◆ Birth Certificate
- ◆ Green Card

**POLICE REPORT** This is obtained by contacting your local police department and explaining all the facts of your suspected criminal impersonation. **In the summary of the police report National Grid must be listed as a claimant as well as the amount in dispute and the person you suspect may have used your name illegally. You must be prepared to prosecute the person who fraudulently obtained service in your name to the fullest extent of the law.**

**STATEMENT OF RESPONSIBILITY** This statement must be provided by the person who is actually responsible for your bill. **The statement must include their full name, their social security number, current mailing address and current phone number. This statement must include the responsible person's notarized signature.**

**PROOF OF INCARCERATION** This document must be official incarceration papers and must include the date incarcerated and the date of release.

**CANCELLED CHECK**, a copy of the front and the back of the cashed check used for payment of your account **IS** required.

**PLEASE RETURN THIS PACKET AND ALL REQUIRED DOCUMENTS WITHIN FIFTEEN (15) DAYS TO:**

**National Grid  
1 Metrotech Center  
13<sup>th</sup> Floor  
Brooklyn, NY 11201  
ATTN: Accounts Processing**

**OR, you may FAX your documents TO: (877) 277-4760**

National Grid appreciates your interest in resolving this mutual area of concern and looks forward to serving your energy needs in the future.

By signing below I acknowledge that all of the above information is true to the best of my knowledge.

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*