

PSC NO: 10 – Electricity
Consolidated Edison Company of New York, Inc.
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GENERAL RULES

**Application Forms
Form A**



APPLICATION FOR ELECTRIC / GAS SERVICE

It is important for you to answer the following questions accurately and completely to determine the proper service classification for your account. For Electric/Gas service, please call 1-800-752-6633. For further information on your rights as a customer, please request our RIGHTS AND RESPONSIBILITIES pamphlets.

As a Con Edison customer you agree to pay for service supplied at the rates, charges, and terms of your service classification, and in accordance with the provisions of the applicable (electricity or gas) Con Edison rate schedule. If you are interested in steam service, please call (212) 780-8855. Our rate schedules are located on our web site at www.coned.com and at offices where applications for service can be made.

Please read all questions carefully and answer to the best of your knowledge. PLEASE PRINT YOUR ANSWERS, AND SIGN THE APPLICATION IN PART E.

FOR OFFICE USE ONLY: _____

PART A. NEW ACCOUNT INFORMATION

- 1. (a) **ACCOUNT NAME:** List the name of the person or business (corporation) who owns or leases the premises where service will be used and who will be responsible for the new account.
Name _____
Name of Business (if applicable) _____
- (b) 1. **RESIDENTIAL CUSTOMER -** Please indicate the type and the ID number for one of the following forms of identification: Social Security, New York State driver's license, New York State non-driver's license, Public Assistance, Resident Alien or other.
Type of ID _____ ID number _____
- 2. **NON-RESIDENTIAL CUSTOMER -** Please provide Taxpayer Identification Number (TIN) or Social Security Number (if you do not have a TIN) _____
- (c) **ACCOUNT ADDRESS:** Please enter the address where you want to receive service(s).
Address _____ Room/Floor/Office #/Apartment # _____
Town/City _____ ZIP _____
- 2. (a) **MAILING ADDRESS WHERE WE SHOULD SEND BILLS, IF DIFFERENT FROM ABOVE:** If you want your Con Edison bills to be mailed to a name or address different than that shown above, enter name and address here.
Name _____
Address _____ Room/Floor/Office #/Apartment # _____
Town/City _____ State _____ ZIP _____
- (b) **TELEPHONE NUMBER:** What is your telephone number? _____
Is there another telephone number or pager number where we can reach you? _____
Fax. No. _____ E-mail Address _____
- 3. **ACCESS TO METERS:** If you do not control access to the meter(s), enter the name and address of the person who can provide access.
Name _____ Telephone No. _____
Address _____ Room/Floor/Office # _____
Town/City _____ State _____ ZIP _____

Issued by: Robert N. Hoglund, Senior Vice President & Chief Financial Officer, New York, NY