

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

Application Forms- Continued Form A - Application for Service - Continued

PART B. SERVICE CLASSIFICATION

1. **SERVICE(S) BEING REQUESTED:** (Check all that apply) ☐ Electric ☐ Gas
2. **DATE YOU ARE RESPONSIBLE FOR ACCOUNT:** (Date of deed or date lease commences) ____/____/____
3. If this is a residence, do you plan to conduct a business here? ☐ Yes ☐ No
4. What percent of the total space will be used for business purposes? _____%
5. Do you or your employees plan to live at this premises? ☐ Yes ☐ No
6. If this is not a residence, do you plan to use service primarily for residential purposes? ☐ Yes ☐ No

7. RELIGIOUS ORGANIZATIONS, COMMUNITY RESIDENCES AND VETERANS' ORGANIZATIONS:

Please check below if the following applies to this service. Service is being requested by:

- ☐ a religious organization ☐ a community residence ☐ a veterans' organization

Please note that the Public Service Law, Section 70, permits any corporation or association organized and conducted in good faith for religious purposes, certain community residences, and any post or hall owned or leased by a not-for-profit corporation that is a veterans' organization to receive services at rates no greater than the rates charged to residential customers. For electric service, residential and religious rates *may* be lower than non-residential rates for many customers that are religious organizations, community residences, and veterans' organizations but not for every customer. If you are applying for both electricity and gas service and request residential rates for electricity, you must also take gas service at residential rates. To determine if you are eligible for residential rates, refer to attached "IMPORTANT INFORMATION FOR ALL APPLICANTS" or speak with a service representative.

8. **ELECTRIC INFORMATION:** The amount of electricity you use and how you use it will generally determine the rate at which you'll be billed. Which of the following best describes your business or premises? (Check only one)

- ☐ Residence
- ☐ Any non-residential premises, store, restaurant, commercial office, gas station, factory. Indicate type: _____
- ☐ Medical or professional office building or suite
- ☐ Apartment or premises, in a residential building, where business is also conducted (doctor's office, beauty parlor, real estate, etc.)
- ☐ Hotel, motel, hospital, nursing home, flea market (Please discuss with service representative)
- ☐ Religious use, such as a house of worship, living quarters for the clergy, rectory or parochial school
- ☐ Other religious uses (Describe) _____
- ☐ Veterans' Organization's use: a post or hall owned or leased by a not-for-profit veterans' organization
- ☐ Community Residence that is a supportive or supervised living facility
- ☐ Other _____

Which of the following best describes your use of electricity? (Check only one)

- ☐ Exclusively for hall lighting, elevators and other common areas of a multi-tenanted building (residential or commercial)
- ☐ Entire premises for your own use (Example: residence or retail store)
- ☐ Entire premises, including redistributing electricity to: ☐ Residential tenants ☐ Commercial tenants
(If you are redistributing service to others, please speak with a service representative)

Do you have? (Check all that apply)

- ☐ An emergency generator ☐ Permanently installed electric space heating ☐ Electric hot water heating ☐ Other _____

Have you made, or do you plan to make, electrical wiring changes to this location? ☐ Yes ☐ No

If electricity is needed to operate life-support equipment for someone residing at your premises, whether an occupant or a tenant, please speak with a service representative.

9. **GAS INFORMATION:** The amount of gas you use and how you use it will generally determine the rate at which you will be billed. Which of the following best describes your business or premises? (Check only one)

- ☐ Residence (apartment or 1-3 family house) ☐ Apartment house (4 or more apartments)
- ☐ Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school ☐ Veterans' Organization's use: a post or hall owned or leased by a not-for-profit veterans' organization
- ☐ Community Residence that is a supportive or supervised living facility ☐ Manufacturing
- ☐ Compressed natural gas - distributor or operator (circle one) ☐ Store, Restaurant, Commercial Office ☐ Other _____

Check ALL the uses of gas which apply to this account:

- ☐ Hot water heating ☐ Laundry dryer ☐ Commercial cooking ☐ Residential cooking
- ☐ Gas air-conditioning ☐ Electricity Generation ☐ Space heating ☐ Gas provided to tenants for cooking
- ☐ Seasonal Use Only (April 1 - October 31) ☐ Dual-fuel burner ☐ Other _____

Have you made, or do you plan to make, gas piping changes to this location? ☐ Yes ☐ No

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