

PSC NO: 10 – Electricity
Consolidated Edison Company of New York, Inc.
Initial Effective Date: 08/20/2012

Leaf: 368
Revision: 1
Superseding Revision: 0

GENERAL RULES

Application Forms: Form A - Application for Service - Continued

A BUILDING OF PUBLIC ASSEMBLY is considered one of the following:

(a) school, hospital, nursing home or licensed child care facility; (b) a factory that normally employs 75 or more people; (c) a building with capacity for 75 or more people to which the public is normally admitted (e.g. church, restaurant, theater); or (d) an office or apartment building with a facility for public assembly (e.g. auditorium, cafeteria, community or meeting room) with a capacity for 75 or more people.

Is this a building of public assembly? ☐ Yes ☐ No

PART C. INFORMATION ABOUT CON EDISON ACCOUNTS

(a) I do not now, nor did I previously, have a Con Edison account.

(b) I currently have a Con Edison account.

DO YOU WANT THE OTHER ACCOUNT TO BE DISCONTINUED? ☐ Yes ☐ No

Name _____

Address _____

Town/City _____

Acct. No. _____

Room/Floor/Office #/Apartment # _____

Zip _____

(c) I previously had an account with Con Edison, which is now closed, at:

Name _____

Address _____

Town/City _____

Acct. No. _____

Room/Floor/Office #/Apartment # _____

Zip _____

PART D. ADDITIONAL INFORMATION

1. **SALES TAX STATUS:** What is sales tax status for the account? ☐ Taxable ☐ Non-Taxable ☐ Partially Tax Exempt

IF YOU CLAIM TAX EXEMPTION, ATTACH THE APPROPRIATE EXEMPT CERTIFICATION TO THIS APPLICATION.

- ☐ ST-119.1: New York State and Local Sales and Use Tax - Exempt Organization Certification
- ☐ ST-120: New York State and Local Sales and Use Tax - Resale Certificate
- ☐ ST-121: New York State and Local Sales and Use Tax - Exempt Use Certification
- ☐ TP-385: Certification of Residential Use of Energy Purchases

These forms are available from the New York State Department of Finance (1-800-462-8100).

If you are a tax-exempt organization and redistribute electricity or steam, contact your tax advisor to determine if you are eligible for remission of the State Gross Receipts Tax.

PART E. SIGNATURE

Before signing this application, you should carefully read the section concerning eligibility of religious organizations, community residences, and veterans' organizations for residential rates, and the IMPORTANT INFORMATION FOR ALL APPLICANTS that is available with this application form. Call us if you have questions about your rights and responsibilities as a Con Edison customer or visit our website at www.coned.com.

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Application submitted by:

Print Name _____

Position/Title _____

Full Signature _____

Affiliation to person responsible for account:

☐ Owner ☐ Partner ☐ Same

☐ Corporate Officer ☐ Agent

☐ Other(Explain) _____

FOR COMPANY USE ONLY

Con Edison Representative accepting this application _____ Date _____

Amount of Deposit Assessed \$ _____