

PSC No: 20 - Electricity
Rochester Gas and Electric Corporation
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GENERAL INFORMATION**13. FORMS (Cont'd)****Rochester Gas & Electric Corporation****LIFE SUPPORT AND SPECIAL NEEDS CUSTOMER STATUS FORM**

The following information is confidential. Only the Energy Supplier and RG&E shall have access to this information. For a Life Support Customer, it is essential that all applicable areas of the form are completed, as this information will be used to notify the Customer of outages, and may be used to prioritize power restoration during emergency outages.

ENERGY SUPPLIER _____

General Customer Information

CUSTOMER OF RECORD _____

RESIDENT/CAREGIVER NAME _____

CUSTOMER OF RECORD SERVICE ADDRESS _____

(Apt. #) _____

(Street) _____

(City, State, Zip) _____

NY - _____

CUSTOMER OF RECORD PHONE NUMBER _____

(Day) - - _____

(Night) - - _____

Life Support Customer Information

PATIENT NAME _____

RELATIONSHIP TO CUSTOMER _____

MEDICAL CONDITION _____

DOCTOR'S NAME _____

DOCTOR'S PHONE NUMBER - - _____

Life Support Customer Contacts

Contacts are any persons, other than household occupants, that can be reached at a different phone number and address in the event of an emergency.

CONTACT NAME (1) _____

(2) _____

ADDRESS 1 _____

(Apt #) _____

(Street) _____

(City) _____

(State, Zip) _____

PHONE 1 - - _____

ADDRESS 2 _____

(Apt #) _____

(Street) _____

(City) _____

(State, Zip) _____

PHONE 2 - - _____

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