

PSC No: 16 - Gas
Rochester Gas and Electric Corporation
Initial Effective Date: June 1, 2003
Effective:

Leaf No. 114
Revision: 0
Superseding Revision:

GENERAL INFORMATION
8. FORMS

A. RESIDENTIAL SERVICE APPLICATION FORM

RESIDENTIAL SERVICE
APPLICATION

Rochester Gas and Electric
Corporation
89 East Avenue
Rochester, NY 14649

This is a written application for RG&E service. You may use this to apply for residential gas and/or electric service. Unless certain conditions apply, you are not required to complete a written application for service. You may call RG&E at (585) 546-2700, to apply for service by telephone. If a written application is required, you will be notified at that time.

INFORMATION (Completed By Applicant)			
Billing Name(s)			
Address Where You Want Service		City	State
Mailing Address		City	State
Day Phone #	Evening Phone #	Fax #	
Date Responsible for Service:		SERVICE REQUESTED <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS	
Date RG&E can have access to read the meters:		Customer Turn-on Readings: Electric Gas:	
IDENTIFICATION - You must provide RG&E with two forms of verifiable identification. You may use a drivers license, New York State non-drivers identification, social security number, picture work ID or other verifiable identification.			
Driver's License Number:		New York State <input type="checkbox"/> , Other State Please List	
Non-Drivers State Identification Number:		New York State <input type="checkbox"/> , Other State Please List	
Social Security Number:			
Identification Number	ID Type	Identification Number	ID Type
Previous Service Address			
Previous Service Address			
How long will you need the service? Do you own <input type="checkbox"/> or rent <input type="checkbox"/> the property? Is this seasonal service? Yes <input type="checkbox"/>			
If you rent, what is the term of the lease? 1 Year <input type="checkbox"/> , Monthly <input type="checkbox"/> , Weekly <input type="checkbox"/> , Daily <input type="checkbox"/> , None <input type="checkbox"/> , other (list)			
Do you control access to the property? Yes <input type="checkbox"/> No <input type="checkbox"/> . If no, please list the name, address and phone number of the person who controls access.			
Are there any residents that are on Life Support Devices or have a serious medical condition? If so please detail.			

DEPARTMENT OF SOCIAL SERVICES SECTION (Completed By DSS)			
Case No. _____	Grant Amount \$ _____	Worker _____	
G Voucher _____	Date of Voucher _____	Notes _____	

OFFICE USE (Completed By RG&E)			
Is a deposit required? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____ Reason: <input type="checkbox"/> Short-Term Customer <input type="checkbox"/> Seasonal Customer			
<input type="checkbox"/> ID Verified <input type="checkbox"/> Service Responsibility Verified <input type="checkbox"/> Payment Agreement Made			
Balance Owed:	Account	Customer Initial	
Balance Owed:	Account	Customer Initial	
Notes:			

SIGNATURE SECTION Applicant please sign. Application will not be accepted without a signature.

Applicant - I hereby apply for gas or electric service, or both, as indicated, to be supplied at the above address. I have accurately completed this application to the best of my knowledge and ability. I agree to comply with the applicable provisions of RG&E's Tariffs and agree to pay all charges under the appropriate service classification. I further understand that when I move I must contact RG&E to have service shut-off. If I am denied service, I have the right to a written reply stating the reasons for the denial. If not satisfied, I may contact the Public Service Commission at 1-800-342-3355.

Applicant Signature: _____ Date: _____

RG&E Representative: _____ Date: _____

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York