

PSC No: 19 - Electricity
Rochester Gas and Electric Corporation
Initial Effective Date: June 1, 2003

Leaf No. 106
Revision: 0
Superseding Revision:

GENERAL INFORMATION**7. 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.

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|--|-----------------|--|---------|
| 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 [], Other State Please List | |
| Non-Drivers State Identification Number: | | New York State [], 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 [] or rent [] the property? Is this seasonal service? Yes [] | |
| If you rent, what is the term of the lease? 1 Year [], Monthly [], Weekly [], Daily [], None [], other (list) | | | |
| Do you control access to the property? Yes [] No []. 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. | | | |
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| 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 [] No [] | 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: | | | |
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|--|-------------|
| 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