

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

Leaf No. 109  
Revision: 0  
Superseding Revision:

**GENERAL INFORMATION****7. FORMS (Cont'd)****B. GENERAL SERVICE APPLICATION FORM****GENERAL SERVICE APPLICATION**

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**Gas Service (Continued)****GAS SERVICE CLASSIFICATION NO. 3 GENERAL SERVICE FIRM TRANSPORTATION (CONTINUED)****Balance Control Option** (Choose one).

- ☐ By a Supplier. (City Gate Balancing only) Supplier Name: \_\_\_\_\_
- ☐ By the Applicant for each service location. \_\_\_\_\_
- ☐ By the Applicant for multiple service locations. Locations: \_\_\_\_\_
- ☐ By another S.C. 3 Customer. Customer Name: \_\_\_\_\_

**GAS SERVICE CLASSIFICATION NO. 5 GENERAL SERVICE COMPREHENSIVE TRANSPORTATION**

- ☐ My annual load will be 3,500 dekatherms or more.
- ☐ I am part of a group, where the annual load will be 5,000 dekatherms or more. Group Name: \_\_\_\_\_

Please provide the following information on your gas supplier.

Supplier: \_\_\_\_\_ Supplier Phone #: \_\_\_\_\_

Supplier's Address: \_\_\_\_\_

**Gas Service Classification No. 5 Has a one year minimum term****GAS SERVICE CLASSIFICATION NO. 7 BANKING SERVICE**

What is the maximum limit on your bank that you wish to contract for? \_\_\_\_\_

**Gas Service Classification No. 7 Has a one year minimum term****DEPOSIT REQUEST AND SERVICE CLASSIFICATION SECTION (Completed by RG&E)**Is a deposit required? Yes ☐ No ☐ Amount \$ \_\_\_\_\_ If No list reason: \_\_\_\_\_Reason for Deposit Request: New Customer ☐ Existing or prior credit history ☐ Other ☐ \_\_\_\_\_The Deposit Amount is Based on Two Times The: Average monthly bills ☐ Five Month Peak Average Monthly Bill ☐ Other ☐

RGE will also accept deposit alternatives, such as a bank irrevocable letter of credit or a surety bond. The terms and conditions upon which consumer's deposits are collected held and refunded are explained in RG&E's Tariffs and a brochure explaining customer's rights and responsibilities.

**Service will be billed under the Accounts and Service Classification Number(s) listed below.**

Account Number	Meter Number	Service Type	Service Classification	Revenue Code
		Elec. <input type="checkbox"/> Gas <input type="checkbox"/>		
		Elec. <input type="checkbox"/> Gas <input type="checkbox"/>		
		Elec. <input type="checkbox"/> Gas <input type="checkbox"/>		
		Elec. <input type="checkbox"/> Gas <input type="checkbox"/>		

**SERVICE CHARGES** Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Remarks and Special Conditions: \_\_\_\_\_

**SIGNATURE SECTION**

APPLICANT - I have accurately completed this application to the best of my knowledge and ability. I agree to comply with all the applicable provisions of RG&E's Tariffs and agree to pay for the charges under the appropriate service classification(s) as determined by this application. THE INFORMATION YOU SUPPLY WILL BE USED TO DETERMINE WHAT SERVICE CLASSIFICATION YOU ARE ELIGIBLE FOR. Costs vary for each service classification and one service classification could be more beneficial to you than another.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
Applicant Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_ RG&E Signature: \_\_\_\_\_  
RG&E Name (Print): \_\_\_\_\_

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