

PSC NO: 9 GAS**COMPANY: CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.****INITIAL EFFECTIVE DATE: 09/23/04****LEAF: 201****REVISION: 2****SUPERSEDING REVISION: 1****GENERAL INFORMATION - APPLICATION FOR SERVICE UNDER RIDER H – Continued**

2. (a) **MAILING ADDRESS WHERE WE SHOULD SEND BILLS, IF DIFFERENT FROM ABOVE:** If you want your Con Edison bills to be mailed to a name or address different than that shown above, enter name and address here.

Name _____

Address _____

Room/Floor/Office #/Apartment # _____

Town/City _____ State _____ Zip _____

(b) **TELEPHONE NUMBER:** What is your telephone number? _____

Is there another telephone number or pager number where we can reach you? _____

Fax No. _____ E-mail Address _____

3. **ACCESS TO METERS:** If you do not control access to the meter(s), enter the name, address and telephone number of the person who can provide access.

Name _____ Telephone No. _____

Address _____ Room/Floor/Office #/Apt # _____

Town/City _____ State _____ Zip _____

(General Information - Continued on Leaf No. 202)

Issued By: **Joan S. Freilich, Executive Vice President & Chief Financial Officer, 4 Irving Place, New York, N.Y. 10003**

(Name of Officer, Title, Address)