

PSC No: 19 - Electricity
Rochester Gas and Electric Corporation
Initial Effective Date: January 1, 2005
Issued in compliance with order in Cases 03-E-0765, 02-E-0198, and 03-G-0766 dated May 20, 2004

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Revision: 1
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GENERAL INFORMATION**7. FORMS****A. RESIDENTIAL SERVICE APPLICATION FORM****RESIDENTIAL SERVICE AGREEMENT**

INSTRUCTIONS: 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 1-800-RGE-2110 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:			
Address Where You Want Service:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Day Phone #:	Evening Phone #:	Fax #:	
Date Responsible for Service:	Service Requested	<input type="checkbox"/> Electric:- Fixed Price <input type="checkbox"/> Electric:- Variable Price <input type="checkbox"/> Gas	
Date RG&E can have access to read the meters:	Customer Turn-on Readings:	<input type="checkbox"/> Electric: _____ <input type="checkbox"/> Gas: _____	
Do you control access to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No. List the name, address and phone number of the person who controls access.			
Name:		Phone #:	
Address:		City:	State: Zip:
IDENTIFICATION (Completed by Applicant)			
INSTRUCTIONS: Provide RG&E with two forms of verifiable identification.			
NY Driver's License Number:		<input type="checkbox"/> New York State <input type="checkbox"/> Other State Please List	
Non-Drivers State Identification Number:		<input type="checkbox"/> New York State <input type="checkbox"/> Other State (Please List)	
Social Security Number:			
ID Type:	ID Number:	ID Type:	ID Number:
Previous Service Address:		City:	State: Zip:
Previous Service Address:		City:	State: Zip:
How long will you need the service?: <input type="checkbox"/> < 1 year <input type="checkbox"/> > 1 years <input type="checkbox"/> Seasonal		Do you <input type="checkbox"/> Own property <input type="checkbox"/> Rent property?	
If you rent, what is the term of the lease? <input type="checkbox"/> 1 Year <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> None <input type="checkbox"/> Other (list)			
Are there any residents that are on Life Support Devices or have a serious medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please detail below			
OFFICE USE (Completed by RG&E)			
Account #:	Amount:	Reason: <input type="checkbox"/> Short Term /Seasonal <input type="checkbox"/> Other (specify)	
Is a deposit required? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> ID Verified	<input type="checkbox"/> Service Responsibility Verified	<input type="checkbox"/> Payment Agreement Made	

Balance Owed: \$	Account #:	Account Balance: \$
Balance Owed: \$	Account # :	Account Balance: \$
Payment Required to Obtain Service: \$		
Additional Notes:		
SIGNATURE (Applicant must sign; otherwise, the application will not be accepted)		

Applicant: As indicated, I hereby apply for gas or electric service, or both 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 Name
(Print)

Applicant Signature

RG&E Signature

Date:

Date:

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