

..DID: 6225

..TXT: PSC NO: 9 GAS

LEAF: 199

COMPANY: CONSOLIDATED EDISON COMPANY OF NEW YORK, INC. REVISION: 0

INITIAL EFFECTIVE DATE: 03/01/99 SUPERSEDING REVISION:

STAMPS:

Cancelled by 1 Rev. Leaf No. 199 Effective 12/01/2000

RECEIVED: 12/08/98 STATUS: Cancelled EFFECTIVE: 03/01/99

GENERAL INFORMATION - Continued

XI. Application Forms - Continued

Form of Application for Parts Replacement Program
To CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.
PRINCIPAL OFFICE: 4 IRVING PLACE, NEW YORK, N.Y. 10003

Set forth below is the application form incorporated in the booklet the "PLUS Plan". The brochure contains the terms and conditions for the repair of gas equipment under the program and may be obtained at any business office at which application for gas service may be made or by contacting: Director, Gas Energy Services, 4 Irving Place, New York, N.Y. 10003.

3. APPLICATION FOR PARTS REPLACEMENT CONTRACT

**PLUS
PLAN**CON EDISON'S PLUS PLAN
PO BOX 2376
NEW YORK, NY 10117-2376APPLICATION FORM
ANNUAL CONTRACT OPTIONS

CHECK ONE

NAME _____	[W] _____ One Water Heating Unit	\$
ADDRESS _____	[H] _____ One Home Heating Unit	\$
CITY _____ STATE _____ ZIP _____	[D] _____ One Water & Home Heating Unit	\$
TELEPHONE NUMBER _____	I am paying by <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Master Card	
	Charge to my credit card account # _____	Exp. Date ____/____/____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Con Edison Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please make checks or money orders payable to:
Con Edison PLUS Plan.

(General Information - Continued on Leaf No. 200.0)

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

(Name of Officer, Title, Address)