

Con Edison Emergency Operation System

Company/Organization Information		
In case of a service interruption, the following in our organization are to be contacted:		
Name of Company/Organization: (Please print or type your information)		
Mailing Address: (Required)		
Borough/County: <input type="checkbox"/> Bronx <input type="checkbox"/> Westchester <input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens <input type="checkbox"/> Brooklyn <input type="checkbox"/> Staten Island	State: (Required) Zip Code: (Required)
Telephone Number: (Required)	Cell Phone: (Required)	Fax:
Email: (Required)		
Type of Service: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Steam <input type="checkbox"/> Electric/Gas <input type="checkbox"/> Electric/Steam		
Account Number: (Required-One account per form)		
Please check type of facility.		
<input type="checkbox"/> High Rise Residential Buildings <input type="checkbox"/> Emergency Shelters <input type="checkbox"/> Hospitals/Non-Hospital Medical Facilities <input type="checkbox"/> Emergency Management Offices <input type="checkbox"/> Water/Waste Water <input type="checkbox"/> Critical Utility & Communication Facilities <input type="checkbox"/> Fuel Transfer and Fuel Loading Facilities (Ports) <input type="checkbox"/> Mass Transit <input type="checkbox"/> Airports <input type="checkbox"/> Military Bases <input type="checkbox"/> School/College/University	<input type="checkbox"/> Customer providing key products and services <input type="checkbox"/> Managed Accounts, Larger Employers & other key customers <input type="checkbox"/> Nursing Home/Assistant Living <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Prisons/Correctional Facility <input type="checkbox"/> Residential Developments with Large Elderly Population or similarly vulnerable establishments <input type="checkbox"/> Cooling Center <input type="checkbox"/> Fire Station/Engine Company/Paramedic Facilities <input type="checkbox"/> Police Station/Precinct House <input type="checkbox"/> Critical Flood Control Structures	

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Primary Emergency Contact (Engineer/Chief Electrician/Superintendent/Manager)			
Available 24/7 and knowledgeable of the electric, gas or steam facilities at the location			
Name/Title: (First and Last Name)			
Address 1			
Address 2		City	State Zip
Email: (Required)		Cell: (Required)	
Telephone: (Required)		Fax:	
Second Emergency Contact-Required			
(Knowledgeable of the facilities at this location) :			
Name/Title: (First and Last Name)			
Email: (Required)		Cell: (Required)	
Telephone: (Required)		Fax:	
Address 1			
Address 2		City	State Zip
Additional Contact (Owner/Managing Agent/Contractor)			
Name/Title: (First and Last Name)			
Email: (Required)		Cell: (Required)	
Telephone: (Required)		Fax:	
Address 1			
Address 2		City	State Zip