

GENERAL RULES

Application Forms: Form A - Application for Service



APPLICATION FOR SERVICE

It is important for you to answer the following questions accurately and completely to determine the proper service classification for your account. For further information on your rights as a customer, please request our RIGHTS AND RESPONSIBILITIES pamphlets.

As a Con Edison customer you agree to pay for service supplied at the rates, charges, and terms of your service classification, and in accordance with the provisions of the applicable (electricity or gas) Con Edison rate schedule. If you are interested in steam service, please call 1-212-460-2011. Our rate schedules are located on our web site at www.coned.com and at offices where applications for service can be made.

Please read all questions carefully and answer to the best of your knowledge. PLEASE PRINT YOUR ANSWERS, AND SIGN THE APPLICATION IN PART E.

FOR OFFICE USE ONLY: _____ - _____ - _____ - _____ - _____

PART A. NEW ACCOUNT INFORMATION

1. (a) **ACCOUNT NAME:** List the name of the person or business (corporation) who owns or leases the premises where service will be used and who will be responsible for the new account.
Name _____
Name of Business (if applicable) _____
- (b) 1. **RESIDENTIAL CUSTOMER** - Please indicate the type and the ID number for one of the following forms of identification: Social Security, New York State driver's license, New York State non-driver's license, Public Assistance, Resident Alien, Individual Taxpayer Identification Number ("ITIN"), New York City Identification Card ("IDNYC"), or other.
Type of ID _____ ID number _____
2. **NONRESIDENTIAL CUSTOMER** - Please provide Taxpayer Identification Number (TIN) or Social Security Number (if you do not have a TIN) _____
- (c) **ACCOUNT ADDRESS:** Please enter the address where you want to receive service(s).
Address _____ Room/Floor/Office #/Apartment # _____
Town/City _____ Zip _____
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) **CONTACT INFORMATION:** 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 and address of the person who can provide access.
Name _____ Telephone No. _____
Address _____ Room/Floor/Office #/Apartment # _____
Town/City _____ State _____ Zip _____

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PART B. SERVICE CLASSIFICATION

1. **SERVICE(S) BEING REQUESTED:** (Check all that apply) Electric Gas
2. **DATE YOU ARE RESPONSIBLE FOR ACCOUNT:** (Date of deed or date lease commences) ____/____/____
3. If this is a residence, do you plan to conduct a business here? Yes No
4. What percent of the total space will be used for business purposes? _____%
5. Do you or your employees plan to live at this premises? Yes No
6. If this is not a residence, do you plan to use service primarily for residential purposes? Yes No

7. **RELIGIOUS ORGANIZATIONS, COMMUNITY RESIDENCES AND VETERANS' ORGANIZATIONS:**

Please check below if the following applies to this service. Service is being requested by:

- a religious organization a community residence a veterans' organization

Please note that the Public Service Law, Section 76, permits any corporation or association organized and conducted in good faith for religious purposes, certain community residences, and any post or hall owned or leased by a not-for-profit corporation that is a veterans' organization to receive services at rates no greater than the rates charged to residential customers. For electric service, residential and religious rates **may** be lower than nonresidential rates for many customers that are religious organizations, community residences, and veterans' organizations but not for every customer. For gas service, nonresidential rates may be lower than residential rates for some religious organizations, community residences, and veterans' organizations. If you are applying for both electricity and gas service, you may elect residential rates for one service and nonresidential rates for the other, or the same rate for both services. To determine if you are eligible for residential rates, refer to document "IMPORTANT INFORMATION FOR ALL APPLICANTS" or speak with a service representative.

8. **ELECTRIC INFORMATION:** The amount of electricity you use and how you use it will generally determine the rate at which you'll be billed. Which of the following best describes your business or premises? (Check only one)

- Residence
- Any nonresidential premises, store, restaurant, commercial office, gas station, factory. Indicate type: _____
- Medical or professional office building or suite
- Apartment or premises, in a residential building, where business is also conducted (*doctor's office, beauty parlor, real estate, etc.*)
- Hotel, motel, hospital, nursing home, flea market (Please discuss with service representative)
- Religious use, such as a house of worship, living quarters for the clergy, rectory or parochial school
Other religious uses (*Describe*): _____
- Veterans' Organization's use: a post or hall owned or leased by a not-for-profit veterans' organization _____
- Community Residence that is a supportive or supervised living facility _____
- Other _____

Which of the following best describes your use of electricity? (*Check only one*)

- Exclusively for hall lighting, elevators and other common areas of a multi-tenanted building (residential or commercial)
- Entire premises for your own use (*Example: residence or retail store*)
- Entire premises, including redistributing electricity to: Residential tenants Commercial tenants
(*If you are redistributing service to others, please speak with a service representative*)

Do you have? (*Check all that apply*)

- An emergency generator Permanently installed electric space heating Electric hot water heating Other _____
- Have you made, or do you plan to make, electrical wiring changes to this location? Yes No

If electricity is needed to operate life-support equipment for someone residing at your premises, whether a family member or a tenant, please speak with a service representative.

9. **GAS INFORMATION:** The amount of gas you use and how you use it will generally determine the rate at which you will be billed.

Which of the following best describes your business or premises? (*Check only one*)

- Residence (apartment or 1-3 family house) Apartment house (4 or more apartments)
- Religious use, as a house of worship, living quarters for the clergy, rectory or parochial school Veterans' organization's use: a post or hall owned or leased by a not-for-profit veterans' organization
- Community Residence that is a supportive or supervised living facility Manufacturing
- Compressed natural gas - distributor or operator (*circle one*) Store, Restaurant, Commercial Office Other _____

Check ALL the uses of gas which apply to this account:

- Hot water heating Laundry dryer Commercial cooking Residential cooking
- Gas air-conditioning Electricity Generation Space heating Gas provided to tenants for cooking
- Seasonal Use Only (April 1 - October 31) Dual-fuel burner Other _____

Have you made, or do you plan to make, gas piping changes to this location? Yes No

PSC NO: 10 – Electricity
Consolidated Edison Company of New York, Inc.
Initial Effective Date: 02/01/2017
Issued in compliance with Order in Cases 16-E-0060 and 16-E-0196 dated 1/25/2017

Leaf: 368
Revision: 3
Superseding Revision: 1

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A BUILDING OF PUBLIC ASSEMBLY is considered one of the following:
(a) school, hospital, nursing home or licensed child care facility; (b) a factory that normally employs 75 or more people; (c) a building with capacity for 75 or more people to which the public is normally admitted (e.g. church, restaurant, theater); or (d) an office or apartment building with a facility for public assembly (e.g. auditorium, cafeteria, community or meeting room) with a capacity for 75 or more people.
Is this a building of public assembly? Yes No

PART C. INFORMATION ABOUT CON EDISON ACCOUNTS

(a) I do not now, nor did I previously, have a Con Edison account.
(b) I currently have a Con Edison account.

DO YOU WANT THE OTHER ACCOUNT TO BE DISCONTINUED? Yes No

Name _____
Address _____
Town/City _____

Acct. No. _____
Room/Floor/Office #/Apartment # _____
Zip _____

(c) I previously had an account with Con Edison, which is now closed, at:

Name _____
Address _____
Town/City _____

Acct. No. _____
Room/Floor/Office #/Apartment # _____
Zip _____

PART D. ADDITIONAL INFORMATION

1. **SALES TAX STATUS:** What is sales tax status for the account? Taxable Non-Taxable Partially Tax Exempt

IF YOU CLAIM TAX EXEMPTION, ATTACH THE APPROPRIATE EXEMPT CERTIFICATION TO THIS APPLICATION.

- ST-119.1: New York State and Local Sales and Use Tax - Exempt Organization Certification
- ST-120: New York State and Local Sales and Use Tax - Resale Certificate
- ST-121: New York State and Local Sales and Use Tax - Exempt Use Certification
- TP-385: Certification of Residential Use of Energy Purchases

These forms are available on the New York State Department of Finance's website.

If you are a tax-exempt organization and redistribute electricity or gas, contact your tax advisor to determine if you are eligible for remission of the state and local Gross Receipts Tax.

PART E. SIGNATURE

Before signing this application, you should carefully read the section concerning eligibility of religious organizations, community residences, and veterans' organizations for residential rates, and the IMPORTANT INFORMATION FOR ALL APPLICANTS that is available with this application form. Call us if you have questions about your rights and responsibilities as a Con Edison customer or visit our website at www.coned.com.

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Application submitted by:
Print Name _____
Position/Title _____
Full Signature _____

Affiliation to person responsible for account:
 Owner Partner Same
 Corporate Officer Agent
 Other(Explain) _____

FOR COMPANY USE ONLY

Con Edison Representative accepting this application _____ Date _____
Amount of Deposit Assessed \$ _____