



MULTI-PARTY OFFSET RECIPIENT PARTICIPATION FORM

Application is made hereunder to CONSOLIDATED EDISON COMPANY OF NEW YORK, INC. (“Con Edison” or the “Company”) to be a Multi-Party Offset Recipient (“Recipient”) served under General Rule 20.2.1(B)(8) of the Schedule for Electricity Service, P.S.C. No. 10 – Electricity (the “rate schedule” or the “Electric Tariff”). The applicant hereby requests to be a Recipient to the Multi-Party Offset Sponsor (“Sponsor”) listed below and certifies that the applicant’s facility is connected to the Sponsor’s on-site generating facility either within the Sponsor’s building or through a private thermal loop that delivers steam, hot water, or chilled water. The applicant agrees to pay for such service at the rates and charges, and under the terms and conditions, specified in the Company’s rate schedule as it may be amended or superseded from time to time. The rate schedule can be viewed at www.coned.com/rates. The applicant further agrees that Con Edison has no role, interest, or liability arising out of any disputes between the applicant/Recipient and the Sponsor.

Contract Demand

Contract Demand can be set by you or by the Company, as described in General Rule 20.4.3 of the rate schedule. The Company will determine your Contract Demand if you either check off the box below or do not state your Contract Demand. The Contract Demand set by Customers requesting service under General Rule 20.2.1(B)(8) is also subject to review and approve by the Company unless the generating facility is installed at an existing premises with no increase in load or capacity requirements. Check below if applicable:

- Con Edison should determine my Contract Demand.
- The generator is being installed at an existing premises with no increase in load or capacity requirements.

If you set your own Standby Service Contract Demand

Please specify:

Contract Demand for each account to be serviced.

Account #	Service Address	Contract Demand (kW)	Low or High Tension
1)			
2)			
3)			
4)			
5)			
6)			

(Attach a sheet if you have additional accounts.)



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

Application Submitted by:

Name of Applicant/Recipient (Please print)

Title

Signature

Date

Company (if applicable)

Address of Applicant/Recipient

Sponsor Project Number/Master Case Number

Affiliation to person responsible for account (Check one)

- Owner Partner Agent [attach documentation of authorization by Principal]
- Corporate Officer Other (specify) _____