Customer Name: Customer Company Name (if Applicable): Customer Address:	
City, State Zip Code:	
Account Number:	
Date (include Month, Day, Year):	
Attn:	
Energy Services	
Consolidated Edison Company of NY	
4 Irving Place	
New York, NY 10003	
To Whom It May Concern:	
I, authorize my contractor Print Customer Name & Company Name (If Applicable)	
Print Customer Name & Company Name (If Applicable)	
to act on my behalf on all matters	
Print Installer Name & Installer Company Name	
pertaining to the installation of theDistributed Generation project to	be installed
Size in AC KW	
at my property at	
at my property at	
If you have any questions, I can be reached at	
Phone #	
Sincerely,	

Signature

Date

Print Name