

**ORANGE AND ROCKLAND**  
Service Classification Nos. 3, 8 and 9  
**INTERRUPTIBLE GAS SERVICE**

**CUSTOMER CONTACT INFORMATION FOR GAS INTERRUPTION NOTIFICATION:**

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

We request that Orange and Rockland update its records to reflect the following changes in notification contacts, telephone numbers and cell phone numbers to be used to notify us of any gas service interruption. We understand that the numbers we supply must put Orange and Rockland in direct contact with a responsible person to initiate the requested switch from natural gas to our alternate fuel/energy supply and we must be available to receive and confirm the notice of gas interruption during both business hours and non-business hours, including night time, weekends, and holidays, pursuant to Orange and Rockland's tariff and applicable operating procedures governing Interruptible Gas Service. **YOU MAY SUBMIT UP TO 3 CONTACTS.** Please be sure to include direct line telephone numbers where we can reach you 24 hours a day and 7 days a week. Please keep in mind that telephone lines with voicemail, automated answering machines, and answering machines provided through cell network providers are **not direct lines** and may interfere with the clear and accurate delivery of the message.

**24X7 Contract:**

**Primary contact:** \_\_\_\_\_

(Area Code) Telephone Number: \_\_\_\_\_

(Area Code) Cell-Phone Number: \_\_\_\_\_

**Alternate contact:** \_\_\_\_\_

(Area Code) Telephone Number: \_\_\_\_\_

(Area Code) Cell-Phone Number: \_\_\_\_\_

(  
**Alternate contact:** \_\_\_\_\_

(Area Code) Telephone Number: \_\_\_\_\_

(Area Code) Cell-Phone Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax this form to (845) 577-3319 or you can mail it back to Orange and Rockland at:  
Orange and Rockland Utilities – Dan Rogers  
390 West Route 59  
Spring Valley, NY 10977



**APPLICATION FOR SC 9 INTERRUPTIBLE OR OFF-PEAK  
FIRM TRANSPORTATION AND SALES SERVICE FOR  
EXISTING CUSTOMERS TRANSFERRING FROM OTHER GAS  
SERVICE CLASSIFICATIONS**

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Welcome! This is your application to Consolidated Edison Company of New York Inc. (“Con Edison” or “the Company”) for Transportation Service under Service Classification (“SC”) No. 9 of our Schedule for Gas Service.

Note: This application should be accompanied by “AGENCY AGREEMENT,” Form EM-G-0001.

**A Service Classification Nos. 1, 2, 3, or 13 Customer transferring to Interruptible or Off-Peak Service after taking Firm Service for less than five years may, in the Company’s sole discretion, be required to pay all or a portion of the facility costs previously incurred for the Customer.**

**A. CURRENT ACCOUNT INFORMATION**

Current Account No.: \_\_\_\_\_  
(Your account number appears on your Con Edison Bill)

Account Name: *List the name(s) of the person(s) and/or business who owns or leases the premises where service is supplied.*

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Account Address: *Please enter the address where you receive gas service.*

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Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**B. OPERATIONS INFORMATION**

List the name, address and telephone number of the person whom Con Edison should contact in the event of a service curtailment:

Name of Operations Manager or Authorized Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

During Business Hours (Mon-Fri 8:00 AM to 4:00 PM): \_\_\_\_\_ Fax No.: \_\_\_\_\_

All other hours (including nights, weekends and holidays): \_\_\_\_\_ Fax No.: \_\_\_\_\_



**APPLICATION FOR SC 9 INTERRUPTIBLE OR OFF-PEAK  
FIRM TRANSPORTATION AND SALES SERVICE FOR  
EXISTING CUSTOMERS TRANSFERRING FROM OTHER GAS  
SERVICE CLASSIFICATIONS**

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**B. OPERATIONS INFORMATION - Continued**

Specify number of boilers at your premises: \_\_\_\_\_

Do you have an Oil Tank located at your premises?       Yes       No.

What is the Capacity of Oil Tank located on your premises? \_\_\_\_\_ gallons

Alternate energy source, if any:       No. 2 oil       No. 4 oil       No. 6 oil  
    Electric       Other \_\_\_\_\_

**C. SELLER INFORMATION**

Please provide below the name of your natural gas supplier (“Seller”) and Agent who will perform your nominating and scheduling responsibilities with pipelines. Your Seller and Agent may be the same party. You must also complete the Agency Agreement (Form EM-G-0001).

Seller Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

**D. BALANCING OPTION SELECTION**

**(Required for an Interruptible or Off-Peak Firm Customer who *does not* have a Seller under SC 20)**

Indicate below by an “X” the type of Balancing Service you select.

Daily Balancing       Monthly Balancing       Group Balancing

Each month a Customer may change the balancing option on written notice given to the Company in accordance with Con Edison’s operating procedures.



# APPLICATION FOR SC 9 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE FOR EXISTING CUSTOMERS TRANSFERRING FROM OTHER GAS SERVICE CLASSIFICATIONS

## E. TERM OF SERVICE (To be completed by Off-Peak Firm Customers only)

It is important that you make the next selection carefully because the initial term of service you elect will determine the rates you are charged. (Contact the Con Edison Representative at the phone number listed on your monthly bill.)

One Year (Minimum)     Two Years     Three Years     Other (*Specify*) \_\_\_\_\_

## F. ADDITIONAL INFORMATION

The term of this agreement is for one year from the date of commencement of service with automatic renewal for successive annual terms thereafter, unless otherwise specified in Part E above and in accordance with Con Edison's Schedule for Gas Service.

If the Customer foresees a significant change in the quantity or schedule of gas use over the term of service as compared with the preceding twelve month period, the Customer should notify Con Edison in writing or contact the Company Representative at the phone number listed on your monthly bill.

Customer warrants that, at the time gas is delivered to Con Edison for transportation, the Customer will have good and merchantable title to all such gas free and clear of all liens, encumbrances and claims whatsoever. The Customer shall indemnify Con Edison and save it harmless from all suits, actions, debts, accounts, damages, costs, losses and expenses arising out of the adverse claims of any or all persons to said gas including claims for any royalties, taxes, license fees or charges applicable to such gas or to the delivery of such gas to Con Edison for transportation.

This application and the furnishing of, and payment for, gas service hereunder are subject in all respects to the provisions of the Company's Schedule for Gas Service, now on file with the Public Service Commission, and its Operating Procedures and any amendments thereof, and to the rules, regulations, terms and conditions therein set forth, applicable to the particular service to be supplied hereunder.

## G. SIGNATURE

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

Full Name of Customer: \_\_\_\_\_

Signature of Customer or Authorized Representative or Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date: \_\_\_\_\_

### (FOR COMPANY USE ONLY)

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

New Interruptible Service Commencement Date: \_\_\_\_\_ Prior Service Commencement Date: \_\_\_\_\_

Type of Service under which customer was previously served: \_\_\_\_\_



# NEW CUSTOMER APPLICATION FOR SC 9 AND SC 12 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE

Welcome! This is your application to Consolidated Edison Company of New York Inc. (“Con Edison” or “the Company”) for Interruptible or Off-Peak Firm Transportation and Sales Service under Service Classification Nos. 9 (transportation) and 12 (sales) of our Schedule for Gas Service.

Note: This application should be accompanied by “**AGENCY AGREEMENT**,” Form EM-G-0001

## A. NEW ACCOUNT INFORMATION

List the name(s) of the person(s) and/or business who owns or leases the premises where service will be used and who will be responsible for this new account.

Name: \_\_\_\_\_

Address where you want to receive gas service:

Street: \_\_\_\_\_ Room/Floor/Office: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Mailing Address where we should send Bills, if different from above:

Street: \_\_\_\_\_ Room/Floor/Office: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Tel. No. for the account: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Access to the Gas Meter:** *If access to your meter is controlled by another person, enter the name and address below of the person who can provide access.*

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Room/Floor/Office: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_



# NEW CUSTOMER APPLICATION FOR SC 9 AND SC 12 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE

## B. OPERATIONS INFORMATION

List the name, address and telephone number of the person whom Con Edison should contact in the event of a service curtailment:

Name of Operations Manager or Authorized Representative \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers:

During Business Hours (Mon-Fri 8:00 AM to 4:00 PM): \_\_\_\_\_ Fax No.: \_\_\_\_\_

All other hours (including nights, weekends and holidays): \_\_\_\_\_ Fax No.: \_\_\_\_\_

## C. GAS SERVICE USAGE INFORMATION

1. Estimated Annual Requirements \_\_\_\_\_ Therms
2. To determine if the premises will be used exclusively for non-residential purposes, answer the following question(s):
  - (a) Do you or any of your employees plan to live at the premises?  Yes  No
  - (b) If **YES**, do you plan to use service primarily for residential purposes?  Yes  No
3. Which best describes your premises or business? (Check only one)

<input type="checkbox"/> Apartment House (4 or more apartments)	<input type="checkbox"/> Religious use, such as a house of worship, living quarters for clergy, rectory or parochial school
<input type="checkbox"/> Store, Restaurant, Commercial Office	
<input type="checkbox"/> Natural gas compression facility	<input type="checkbox"/> Post or Hall operated by a Veteran's organization
<input type="checkbox"/> Other _____	
4. Check all the uses of gas which apply to this account:

<input type="checkbox"/> Hot water heating	<input type="checkbox"/> Processing	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Space Heating	<input type="checkbox"/> Electricity generator	<input type="checkbox"/> Other (Specify) _____
5. Have you made, or do you plan to make, gas piping changes to this location?  
 Yes  No
6. Buildings of Public Assembly: Will you operate a building with a capacity of 75 or more persons to which the public is generally admitted? (e.g. church, temple, theatre, restaurant, etc.)  
 Yes  No
7. Will you operate a factory which normally employs 75 or more persons?  
 Yes  No



# NEW CUSTOMER APPLICATION FOR SC 9 AND SC 12 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE

### D. TERM OF SERVICE (To be completed by Off-Peak Firm Customers only)

It is important that you make the next selection carefully because the initial term of service you elect will determine the rates you are charged.

Primary Term of Service:

- One Year (Minimum)
- Two Years
- Three Years
- Other (Specify) \_\_\_\_\_

### E. TRANSPORTATION INFORMATION

1. Please provide below the name of your natural gas supplier (“Seller”) and Agent who will perform your nominating and scheduling responsibilities with pipelines. Your Seller and Agent may be the same party. You must also complete the Agency Agreement (Form EM-G-0001).

Seller Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

2. Annual Transportation Quantity: What is the annual quantity of gas, including an allowance for losses, for which transportation service is being requested?

The undersigned applicant agrees that the Company may retain a portion of annual and daily transportation quantities as an allowance for losses incurred in the process of transportation and delivery.

**(To determine the amount of gas you must purchase, multiply your estimated annual gas requirements from Part C.1 above by 1.0197.)**

\_\_\_\_\_ Therms

3. Balancing Option Selection (Required for an Interruptible or Off-Peak Firm Customer who does not have a Seller under SC 20 of Con Edison’s Schedule for gas Service.)

Indicate below by an “X” the type of Balancing Service you elect.

- Daily Balancing
- Monthly Balancing
- Group Balancing

### F. EQUIPMENT INFORMATION

Specify number of boilers at your premises: \_\_\_\_\_

- Alternate energy source, if any:     No. 2 oil     No. 4 oil     No. 6 oil
- Electric     Other \_\_\_\_\_

If the alternate energy source is fuel oil, answer the following questions:

Annual Gallons of Fuel Oil Used in the most recent 12 month period was \_\_\_\_\_ gallons.

Do you have an Oil Tank located at your premises?     Yes     No.

What is the Capacity of Oil Tank located on your premises? \_\_\_\_\_ gallons



# NEW CUSTOMER APPLICATION FOR SC 9 AND SC 12 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE

## G. INFORMATION ABOUT OTHER EXISTING OR PRIOR CON EDISON ACCOUNTS

- I do not now, nor did I previously, have a Con Edison account.
- I currently have a Con Edison account. (Give details below)
- I previously had an account with Con Edison which is now closed. (Give details below)

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Room/Floor/Office: \_\_\_\_\_

Village/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Your account number appears on your Con Edison Bill)

## H. TAX INFORMATION (To be completed by non-residential applicants)

1. Sales Tax Status: What is the sales tax status of your business or premises?

- Taxable       Non-taxable       Partially Tax Exempt

If you claim a tax exemption, please provide appropriate exemption certification.

- ST 119.1       ST 121       TP385

2. Identification Number: Enter Tax Identification No., or if you do not have a Tax ID No., your Social

Tax ID No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Bank Reference: Name and Address of Bank: \_\_\_\_\_

Account in name of: \_\_\_\_\_





# NEW CUSTOMER APPLICATION FOR SC 9 AND SC 12 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE

## I. SIGNATURE

Application is hereby made to CONSOLIDATED EDISON COMPANY OF NEW YORK, INC., for interruptible or off-peak firm transportation and/or sales service at the premises and for the equipment hereinabove described. The applicant must maintain operable dual-fuel facilities capable of supplying the entire requirements of the equipment (except for air conditioning equipment) with gas or an alternate fuel, or utilize electricity or another energy source to supply the energy requirements of the premises otherwise supplied directly or indirectly by gas.

This application and the furnishing of, and payment for, gas service hereunder are subject in all respects to the provisions of the Company's Schedule for Gas Service, now on file with the Public Service Commission, and its Operating Procedures and any amendments thereof, and to the rules, regulations, terms and conditions therein set forth, applicable to the particular service to be supplied hereunder.

Seller or its Agent warrants that it will, at the time it delivers gas to the Company for transportation, have good and merchantable title to all such gas free and clear of all liens, encumbrances and claims whatsoever. The Seller shall indemnify the Company and save it harmless from all suits, actions, debts, accounts, damages, costs, losses and expenses arising out of the adverse claims of any or all persons to said gas including claims for any royalties, taxes, license fees or charges applicable to such gas or to the delivery of such gas to the Company for transportation.

Prior to the commencement of transportation service, the Company may require the Customer to provide a copy of executed agreements between the Customer or its agent (if applicable) and a natural gas pipeline company for the transportation of Customer's gas to the Company's facilities, acceptable in form and substance to the Company.

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

Full Name of Customer: \_\_\_\_\_

Signature of Customer or Authorized Representative or Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



NEW CUSTOMER APPLICATION FOR SC 9 AND SC 12  
INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION  
AND SALES SERVICE

FOR COMPANY USE ONLY

Deposit:  Required  Not Required Amount: \$ \_\_\_\_\_

Authorized By: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Reason: \_\_\_\_\_

Service Commencement Date: \_\_\_\_\_

Documentation presented:  Tax exemption certificate (specify) \_\_\_\_\_  
 Transportation Agency Agreement

Estimated Costs of Metering and Communication Equipment, Gas Main Extension and Reinforcement Costs  
Including Service Pipes, Service Connections, and Other Facilities:

Total Estimated Costs: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

New Account No.:

Unit \_\_\_\_\_ Led. \_\_\_\_\_ Fol. \_\_\_\_\_ Ser. \_\_\_\_\_ C.N. \_\_\_\_\_

SC 9 Interruptible  AB  C  D  E

Negotiated Contract  Specify Term: \_\_\_\_\_ Specify Default Priority at the end of contract term. \_\_\_\_\_

SC 9 Off-Peak Firm  1 year term  2 year term  
 3 year term  Other - \_\_\_\_\_ (Specify)

SC 12, Rate I, Priority:  AB  C  D  E

Negotiated Contract  Specify Term: \_\_\_\_\_ Specify Default Priority at end of contract term. \_\_\_\_\_

SC 12, Rate II  1 year term  2 year term  
 3 year term  Other - \_\_\_\_\_ (Specify)

Meets three day reserve requirement:  Yes  No  N/A

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_