



Department of Public Service

Department of Public Service Submeterer Identification Form

Submeterer Information

Date: _____ DPS Case Number: _____

Service Address of Submetered Property

Building Name: _____

Street: _____ City: _____ NY Zip Code: _____

Number of Buildings: _____ Number of Master Meters: _____ Number of Submeters: _____

Building Owner/Account Holder Name: 417 East Realty Limited Partnership

Mailing Address Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ Website: _____

Submetering System Installed

Name: _____ Utility Territory: _____

Property Management/Billing Agent

Name: _____

Address Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ Website: _____

Type of Housing	Yes/No	Number of Units	Details
New Construction:			
Electric Heat:			Building fuel source for unit heating:
Renovation/Rehabilitation:			
Rental:			
Condominium:			
Cooperative:			
Market Rate:			
Income Based Housing:			Agency Administrator of Assistance:

Primary Regulatory Complaint Contact

Name: _____

Address Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ Website: _____

Secondary Regulatory Complaint Contact

Name: _____

Address Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ Website: _____

Condition: Updates to the Submeterer Identification Form should be submitted within ten days of any change to the information provided herein and returned to NYS Public Service Commission 3 Empire State Plaza, Albany, NY 12223-1350 e-mail form to: Secretary@dps.ny.gov in a searchable PDF format.