

RESIDENTIAL CUSTOMER ENROLLMENT FORM

Please type or print clearly

Energy ESCO Name \_\_\_\_\_

Retail Customer Information:

Customer Name (Account Name) \_\_\_\_\_

Service Address Street \_\_\_\_\_ Apt. No \_\_\_\_\_

City \_\_\_\_\_ State NY Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Complete if different from Service Address)

Telephone: Daytime - - ext. \_\_\_\_\_ Evenings - - ext. \_\_\_\_\_

Is there any person at the service address who qualifies for protections afforded a Life Support or Special Needs Customer? Yes [ ] No [ ] (If yes, attach a completed Life Support and Special Needs Customer Status Form)

Type of Service Elected by Energy ESCO: [ ] Distribution Services Only [ ] Full Requirements

Type of Enrollment:

NEW SERVICE POINT(S) [ ]

EXISTING SERVICE POINT(S) [ ]

Prior service address \_\_\_\_\_

Current electric service provider (RG&E or other Energy ESCO) \_\_\_\_\_

Is a change or upgrade to the physical service requested? [ ] Yes [ ] No [ ] NA

If this is a new service point or requires a physical service change or upgrade, indicate Energy ESCO contact:

Energy ESCO Contact Person \_\_\_\_\_

Phone number - - ext. \_\_\_\_\_ Fax number - - \_\_\_\_\_ Pager number - - \_\_\_\_\_

Transfer will be effective upon obtaining a meter read for each transferring account.

- [ ] on regular meter read date
[ ] Customer-supplied read (kWh meters only) to be made on \_\_\_\_\_ (date) (subject to RG&E approval)
[ ] special turn-on read scheduled by RG&E as soon as possible or on \_\_\_\_\_ (date)

Meter access arrangements/contact person \_\_\_\_\_

**Service Point Identification, Electric Usage Information, and Service Classification**

(For multiple service points at the same service address, provide a separate sheet for each service point, listing service point identification and usage data.)

RG&E Account No. \_\_\_\_\_ Meter No. (8 digits) \_\_\_\_\_ Service ID (4 digits) \_\_\_\_\_

**Electric Usage Information And Service Classification For Each Service Point:**

Will consumption be similar to prior use at this service address?      Yes  No

If no or unknown:      What is the estimated total monthly kWh consumption? \_\_\_\_\_

Heating                       Non-heating

Service Classification:                      **SC1 Residential Service** (All residential service points are SC1)

Retail Customer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(optional)

The named Energy ESCO assumes responsibility for specified service point(s) and certifies that:

- All information provided is, to the best of its knowledge, true and accurate.
- The Retail Customer has designated the named Energy ESCO as its energy provider.
- A copy of the Energy ESCO’s disclosure statement has been provided to the Retail Customer.
- The Retail Customer has been informed that this enrollment authorizes release of historical meter read and billed data for the specified service point(s) to the named Energy ESCO upon request.
- The Retail Customer has been informed that if the named Energy ESCO is no longer able to serve it, the Retail Customer may enroll with another ESCO or apply to RG&E for retail electric service.
- The Retail Customer has been informed that, subject to the terms of the contract between the Retail Customer and the named Energy ESCO, the Retail Customer may transfer to another Energy ESCO or apply for RG&E retail electric service.

Energy ESCO Representative Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

*This application applies only to electric service for the specified service (meter) point(s).*

*The Retail Customer must contact RG&E directly for:*

- \* Shut off of electric service at prior address
- \* All gas service

**Mail to:                      Rochester Gas & Electric Corporation  
89 East Avenue  
Rochester, New York 14649  
Attention: Supplier Relations**

**Fax to:                      (585) 771-4600**