



RESIDENTIAL SERVICE APPLICATION

Rochester Gas and Electric Corporation
89 East Avenue
Rochester, NY 14649

This is a written application for RG&E service. You may use this to apply for residential gas and/or electric service. Unless certain conditions apply, you are not required to complete a written application for service. You may call RG&E at 1-800-743-2110 to apply for service by telephone. If a written application is required, you will be notified at that time.

INFORMATION (Completed By Applicant)

Billing Name(s)			
Address Where You Want Service		City	State Zip
Mailing Address		City	State Zip
Day Phone #	Evening Phone #	Fax #	
Date Responsible for Service:	SERVICE REQUESTED <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS		
Date RG&E can have access to read the meters:	Customer Turn-on Readings. Electric:		Gas:

IDENTIFICATION- You must provide RG&E with two forms of verifiable identification. You may use a drivers license, New York State non-drivers identification, social security number, picture work ID or other verifiable identification.

Driver's License Number	New York State []	Other State Please List
Non- Driver's State Identification Number	New York State []	Other State Please List
Social Security Number		
Identification Number	ID Type	Identification Number ID Type

Previous Service Address
Previous Service Address

How long will you need the service? _____ Do You Own [] or rent [] the property? Is this seasonal service? Yes []

If you rent, what is the term of the lease? 1 Year [], Monthly [], Weekly [], Daily [], None [], Other (list)

Do you control access to the property? Yes [] No []. If no, please list the name, address and phone number of the person who controls access.

Are there any residents that are on Life Support Devices or have a serious medical condition? If so please detail.

DEPARTMENT OF SOCIAL SERVICES SECTION (Completed By DSS)

Case No. _____ Grant Amount \$ _____ Worker _____

Voucher Date of Voucher _____ Notes _____

OFFICE USE (Completed By RG&E)

Is a deposit required? Yes [] No [] Amount \$ _____ Reason: Short Term Customer Seasonal Customer

ID Verified Service Responsibility Verified Payment Agreement Made

Balance owed:	Account	Customer Initial
Balance owed:	Account	Customer Initial
Notes:		

SIGNATURE SECTION Applicant please sign. Application will not be accepted without signature.

Applicant - I hereby apply for gas or electric service, or both, as indicated, to be supplied at the above address. I have accurately completed this application to the best of my knowledge and ability. I agree to comply with the applicable provisions of RG&E's Tariffs and agree to pay all charges under the appropriate service classification. I further understand that when I move I must contact RG&E to have service shut-off. If I am denied service, I have the right to a written reply stating the reasons for the denial. If not satisfied, I may contact the Public Service Commission at 1-800-342-3355.

Applicant Signature: _____ Date: _____

RG&E Representative: _____ Date: _____