

For office use only

Rec'd date: _____

Valid: **Y** or **N**

If N, reason invalid:

Received prior to expiration
of the 120 day period?

Y or **N**

Approved by:

Approved date: _____

Agreement date: _____

Move in date: _____ Meter number: _____

Premise address: _____ Apt./Floor # _____

City, State, ZIP: _____

Tenant(s) name (printed): _____

Owner/landlord name (printed): _____

Detailed list of equipment of appliances that are shared:

Both parties are aware of the shared meter condition at this premise. The tenant will be compensated \$_____ (enter dollar amount) per month by the owner/landlord for the shared items listed above.

Tenant's signature _____ Date: _____

Owner/landlord's signature: _____ Date: _____

Submit document to:

New York State Electric and Gas

P.O. Box 5224

Binghamton, NY 13902-5224



Landlord/Tenant Shared Meter Agreement

This form is for landlords/tenants taking responsibility for a shared meter. **To expedite this request**, email a completed copy of this form to **custserv@nyseg.com** or mail to P.O. Box 5224, Binghamton, NY 13902-5224.

Agreement Condition

This shared meter agreement between the landlord or management company and the tenant is due to the following condition:

The landlord or agent _____ and the tenant _____
LANDLORD/AGENT NAME TENANT NAME

of _____
SERVICE ADDRESS

agree that the electric and/or natural gas meter for this location is shared and measures energy usage outside of the tenant's dwelling unit.

The landlord or management agrees to reimburse the tenant for the shared usage portion of the electric and/or natural gas bill by one of the following: a monthly rent reduction, cash, check, or other agreed upon means. The tenant agrees to place the shared meter service in their name.

This statement has been agreed to by:

X _____ X _____
LANDLORD/AGENT SIGNATURE DATE TENANT SIGNATURE DATE

Tenant Application for Service

New Customer Name _____ Email _____
THIS EMAIL WILL ONLY BE USED TO CONTACT YOU REGARDING YOUR NYSEG SERVICE

Service Address _____ Apt. _____ City _____ State _____ ZIP _____

Mailing Address _____ Apt. _____ City _____ State _____ ZIP _____
IF DIFFERENT FROM SERVICE ADDRESS

Home Phone _____ Cell/Other Phone _____

NYSEG requires two forms of verifiable identification: Social Security Number _____

Driver's License Number _____ and State _____ Identification Number _____ and ID Type _____

Date to Start Utility Service _____
MONDAY-FRIDAY, NON-HOLIDAYS