PSC No: 16 - Gas Leaf No. 114
Rochester Gas and Electric Corporation Revision: 1
Initial Effective Date: January 1, 2005 Superseding Revision: 0
Issued in compliance with order in Cases 03-E-0765, 02-E-0198, and 03-G-0766 dated May 20, 2004

GENERAL INFORMATION 8. FORMS

A. RESIDENTIAL SERVICE AGREEMENT

RESIDENTIAL SERVICE AGREEMENT

INSTRUCTIONS: 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-RGE-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:							
Address Where You Want Service:			City:			State:	Zip:
Mailing Address:			City:			State:	Zip:
Day Phone #:	Evening Ph	none #:	, ,	Fax #:		1	<u>'</u>
Date Responsible for Service:	<u> </u>		Elec	tric:- Fixed F	Price	☐ Electric:- \	Variable Price Gas
Date RG&E can have access to read the meters	s:	Customer Turn-on Read	ings:	☐ Elect ☐ Gas:			
Do you control access to the property?		Yes	name, a	ddress and p	phone numb	er of the person	who controls access.
Name:			Phon	e #:			
Address:			City:			State:	Zip:
IDENTIFICATION (Completed by Applicant)							
INSTRUCTIONS: Provide RG&E with two form	ne of varifiahl	e identification					
	is or verillabl	e identification.					
NY Driver's License Number:				New York		Other State Ple	
Non-Drivers State Identification Number:				New York	State	Other State (Pl	ease List
Social Security Number:							
ID Type: ID Number:		ID Type:		IE	D Number:		
Previous Service Address:			City:			State:	Zip:
Previous Service Address:			City:			State:	Zip:
How long will you need the service?:] < 1 year□	> 1 years Seasonal		Do you	Own pro	perty	☐ Rent property?
If you rent, what is the term of the lease? ☐ ☐ Other (list)	1 Year □	Monthly ☐ Weekly ☐ Da	aily [None			
Are there any residents that are on Life Support	Devices or h	nave a serious medical con	dition?		No 🗆	Yes. Please de	tail below
OFFICE USE (Completed by RG&E)							
Account #:	Am	ount:	Reas	on: 🗆 Sh	nort Term /Se	easonal	
Is a deposit required? ☐ No ☐ Yes				☐ Ot	her (specify))	
☐ ID Verified ☐ Service R	esponsibility	Verified Paymen	t Agree	ment Made			
Balance Owed: \$	Account				Account B		
Balance Owed: \$	Account	#:			Account B	alance: \$	
Payment Required to Obtain Service: \$							
Additional Notes:							
SIGNATURE (Applicant must sign; otherw	ise, the ap	plication will not be acc	epted))			
Applicant: As indicated, I hereby apply for					l have accur	rately complete	d this
application to the best of my knowledge and charges under the appropriate service classi I am denied service, I have the right to a writ Commission at 1-800-342-3355.	ability. I agi	ree to comply with the ap irther understand that wh	plicabl en I m	e provisions ove I must o	of RG&E's	Tariffs and agr E to have serv	ree to pay all vice shut-off. If
Applicant Name (Print)							
Applicant Signature		Da	ate:				
RG&E Signature		Da	ate:				

PSC No: 16 - Gas

Rochester Gas and Electric Corporation

Initial Effective Date: January 1, 2005

Supers eding Revision: 0

Supers eding Revision: 0

Issued in compliance with order in Cases 03-E-0765, 02-E-0198, and 03-G-0766 dated May 20, 2004

GENERAL INFORMATION 8. FORMS (Cont'd)

B. GENERAL SERVICE APPLICATION FORM

NON-RESIDENTIAL SERVICE AGREEMENT

INSTRUCTIONS: Applicants, complete the following sections of this form: Information, Service Location, Service Type Requested, and Signature sections. This information is required as a condition of obtaining service from RG&E. If this application is for more than one service location, then please provide a separate signed list of additional service addresses requested.

							Suite / Store	#:
Service Address:				City:			State:	Zip:
Mailing Address:				City:			State:	Zip:
Day Phone #:		Evening Phone #			Fax #:			
Address of Prior / Existing RG&E Service Using Same Account Nar	•			City:			State:	Zip:
Primary Contact Person:				Phone #	(if different):			
For Partnerships & DBAs, encl	ose a copy of th	e filed DBA or Partner	rship papers:	☐ Re	quired		☐ Not require	ed (on file)
☐ Individual ☐ Partne	rship	☐ Corporation	☐ DBA (specify nam	e)			
Name:			Social Security	#:		Employe	er Tax ID #:	
Home Address:						1		
Name:			Social Security	#:		Employe	er Tax ID #	:
Home Address:								
For Corporations, enclose a co	py of the certific	cate of incorporation,	which lists princ	ıpal officer	s: ⊔ Require	ed	☐ Not require	d (on file)
Employer Tax ID #:	Tayabla 🗖 Eyami	pt ☐ Partial Exempt. I	f partial or avamat	t onclose s	conv of over	ntion cortifi	cata	
Tax Exempt Status: ☐ ☐ SERVICE LOCATION INFORMA			i partial of exempt		.,			e under Part 11 of
SERVICE LOCATION INFORMA	THON (Complete	на ву Аррпсані)			NYCRR for r			e-unider Part II of
If residential, specify the number	of residential unit	ts:						
Do you control access to the met	er?	☐ Yes☐ No.	List name, addres	ss ,and pho	ne number of t	he person	controlling acc	ess below:
Name:		F	Phone:					
Address:		•		City:			State:	Zip:
Will this service be used exclus	sively for religio	us purposes by a relig	gious corporation	n or associ	ation? 🗆 Ye	ie.	□ No	I
Will this service be used by a p	ost or hall owner	ed or leased by a not-f						No
Will this service be used by a p Will this service be used exclus		•	for-profit corpora	tion that is	a veterans' c	rganizatio	n? ☐ Yes ☐	
	sively by a not-f	or-profit corporation i	for-profit corpora	tion that is	a veterans' c	rganizatio	n? ☐ Yes ☐	
Will this service be used exclusion	sively by a not-f Completed by A igned to assist R ne your service	or-profit corporation in pplicant) G&E in placing you on the classification. A complete comp	for-profit corpora n a community re the proper and mo ete description of	esidence for ost beneficia all service o	a veterans' or or the mentally al service class classifications	organizationy disabled sification. Tand their te	n? Yes ? Yes he information	No 1 you
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Will this service be used exclusions. SERVICE TYPE REQUESTED (Control of the control of the con	sively by a not-f Completed by A Completed by A In a service which are available Similar to prior customilar to prior customil	or-profit corporation ipplicant) G&E in placing you on classification. A complete for inspection at any stomer? Stomer?	ror-profit corporal n a community ro the proper and mo ete description of RG&E office as v Reques Yes, s No. Ha Yes, s No. Ha Yes, s No. Ha	esidence for sest beneficiall service of vell as on Restricted Effective ame service as Electric Sest beneficiall service as Electric Sest beneficially and service as Gas	a veterans' of the mentally all service classifications a G&E's website e Date: e classification Service Request G&E Marketing e classification vice Request F G&E Marketing ice Request F G&E Marketing ice Request F G&E Marketing ice Request F G&E Date: e Date:	organization y disabled sification. The and their tear (www.rge as prior. as prior. as prior. form been organd Sales orm.	he information rms are listed com). en completed? s Department a an Electric Se	n you in at (585) 771-6040 fo rvice Request Form.

PSC No: 16 - Gas

Rochester Gas and Electric Corporation

Revision: 1

Initial Effective Date: January 1, 2005 Superseding Revision: 0 Issued in compliance with order in Cases 03-E-0765, 02-E-0198, and 03-G-0766 dated May 20, 2004

GENERAL INFORMATION 8. FORMS (Cont'd)

B. GENERAL SERVICE APPLICATION FORM

			-RESIDENTIAL	SERVICE AGREEMENT Page 2	!		
CONNECTION	/ OTHER CHAR						
Electric Connec		<u> </u>	\$				
Gas Connection	n Charge		\$				
Other Service C	Charge		\$				
Sales Tax @0% \$							
	TOTAL		\$	Attach payment with application			
Remarks							
DEPOSIT REQ	UEST (Complet	ed by RG&E)					
INSTRUCTION	S: RG&E comp	oletes this sectio	n to determine depos	sit requirement.			
Is a deposit req	juired?	□ Y	es, in the amount	\$ Attac	n payment with t	his application.	
				□ No, (Specify reason)			
PC&E will also	accept deposit s	ultornativos such	as a bank irrovosah	le letter of credit or a surety bond. The te		one upon which o	oncumor'c
deposits are co	llected, held, and			Fariffs and a brochure explaining custome			
RG&E's Depos	• • • • • • • • • • • • • • • • • • • •	Name late d las B)				
	SSIFICATION (C			(SC) Number(s) listed below. If different	service addresse	s then complete	and
sign the attache	ed Blanket Adde	ndum.	JOI VICO CIACOMICATION	(55) Hamber(o) noted below. If different	301 1100 add10000	o, mon complete	and
Service Type = Price	(E)lectric or (G)a	as Class =	Service Classification	n (e.g., 1, 2, 3, etc.)	F)ixed Price, (V)	ariable Price, or (E)SCO
Effective Date	Account #		Servi	ice Address	Meter #	Service Type/Class	Price Option (F, V, or E)
REMARKS / S	SPECIAL CON	DITIONS (Com	npleted by RG&E)				
REMARKS / S	SPECIAL CONI	DITIONS (Com	ipleted by RG&E)				
SIGNATURE (C	Completed by A	.pplicant)					
SIGNATURE (C	Completed by A	pplicant)	application to the bes	st of my knowledge and ability. I agree to riate service classification(s) as determine			visions
SIGNATURE (CAPPLICANT: of RG&E's Tarif	Completed by A I have accurately ffs and agree to ow, I am acceptin act I verify the acc	pplicant) completed this pay for the charge gresponsibility for the wir	application to the bes ges under the approp for all usage on the m	riate service classification(s) as determine neter assigned to the stated address. For electric meter through a licensed electricia	ed by this applica multi-metered bu	ildings, RG&E	
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SIGNATURE (CAPPLICANT: of RG&E's Tariff By signing below recommends that the gas fuel line Applicant Name	Completed by A I have accurately ffs and agree to www, I am acceptin at I verify the ace e piping through e (Print)	pplicant) completed this pay for the charge gresponsibility for the wir	application to the bes ges under the approp for all usage on the m ing connected to my	riate service classification(s) as determine neter assigned to the stated address. For electric meter through a licensed electricia or.	ed by this applica multi-metered bu	ildings, RG&E	
SIGNATURE (CAPPLICANT: of RG&E's Tariff By signing below recommends the gas fuel line Applicant Name Applicant Title	Completed by A I have accurately ffs and agree to www, I am acceptin at I verify the ace e piping through e (Print)	pplicant) completed this pay for the charge gresponsibility for the wir	application to the bes ges under the approp for all usage on the m ing connected to my	riate service classification(s) as determine neter assigned to the stated address. For electric meter through a licensed electricia or.	ed by this applica multi-metered bu	ildings, RG&E	
SIGNATURE (CAPPLICANT: of RG&E's Tariff By signing below recommends the gas fuel line Applicant Name Applicant Title	Completed by A I have accurately ffs and agree to www, I am acceptin that I verify the act to piping through the (Print)	pplicant) completed this pay for the charge gresponsibility for the wir	application to the bes ges under the approp for all usage on the m ing connected to my	riate service classification(s) as determine neter assigned to the stated address. For electric meter through a licensed electricia or.	ed by this applica multi-metered bu	ildings, RG&E	

PSC No: 16 - Gas Leaf No. 117
Rochester Gas and Electric Corporation Revision: 1
Initial Effective Date: January 1, 2005 Superseding Revision: 0
Issued in compliance with order in Cases 03-E-0765, 02-E-0198, and 03-G-0766 dated May 20, 2004

GENERAL INFORMATION 8. FORMS (Cont'd)

Reserved for Future Use

PSC No: 16 - Gas

Rochester Gas and Electric Corporation Initial Effective Date: June 1, 2003

Effective:

Leaf No. 118
Revision: 0
Superseding Revision:

GENERAL INFORMATION 8. FORMS (Cont'd)

C. GAS MAIN EXTENSION AGREEMENT FORM

District		EXTENSION AGREEMENT Extension No.
The undersigned he		and Electric Corporation Extension from the existing main at
In the	of	County of
AND AGREES TO:		
	maintenance and operation	c, satisfactory permits or easements for on of the gas main and facilities through,
soon as it is mad		cation for service, to use the service as or the service at the regular filed rates ompany.
tariff. Unless o obligation of the transfer of the p	therwise cancelled by the undersigned to pay such remises to which it is ap	e provisions of the Company's filed e terms of such tariff provisions, the surcharge shall continue even after oplicable unless (a) the transferee) the assumption is enforceable by the
be determine	ed when actual costs of installation ar	per customer. The actual surcharge will re known. The estimated surcharge is based on an extension of customer(s) whose annual revenues to the . The surcharge will be subject to revision:
1. When the	number of customers serv	ved from the extension increases, and/or
2. Annually months.	, based on revenue receiv	red by the Company in the prior twelve
until all [] of the all necessary easeme.	applicants have signed f nts and permits have been	e knowledge that the main will not be laid for service from the extension and until granted and the premises of all brable use of the Company's gas service.
Name		Address
Deposit \$_	Credit Approved	
Received by:		Date

PSC No: 16 - Gas

Rochester Gas and Electric Corporation Initial Effective Date: June 1, 2003

Effective:

Leaf No. 119 Revision: 0 Superseding Revision:

GENERAL INFORMATION 8. FORMS (Cont'd)

D. <u>MINIMUM INSULATION STANDARDS CERTIFICATE</u>

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· / /
Certificate No.
Rochester Gas and Electric Corporation CERTIFICATE OF COMPLIANCE Minimum Standard Insulation for New, or for Additions to Existing, One-, Two- or Multi-family Residential Structures
The undersigned certifies that the
1 or 2 family residence multi-family residence
at
(Location)
is or will be, not later than 30 days after time of occupancy, in compliance with one of the following statute provisions (check one):
Part 1:E101.6)
Part 3) New York State Energy Conservation
Part 4) Construction Code
Part 5)
Appendix A, Opinion 77-10, Minimum insulation Standards, New York State Public Service Commission (applies to buildings on which construction began between April 1, 1977 and January 1, 1979).
It is understood that electric and/or gas service will, depending on the applicable
circumstances, not be connected, be subject to a 25 percent surcharge on the utility bill until
all violations are eliminated, or be disconnected, if, upon inspection the structure is found not
to be in compliance with the conditions set forth above.
The undersigned certified that a properly executed copy of this certificate will be
delivered to the owner prior to closing and further attests that all statements and
representations contained in this certificate are true and accurate.
Date————————————————————————————————————

PSC No: 16 - Gas Rochester Gas and Electric Corporation Initial Effective Date: June 1, 2003

Effective:

Leaf No. 120 Revision: 0 Superseding Revision:

GENERAL INFORMATION 8. FORMS (Cont'd)

D. MINIMUM INSULATION STANDARDS CERTIFICATE (Cont'd)

(2) Existing Residential Units Converting to Electric or Gas Heat – Owner's Certification

Cert	ificat	te No.	

Rochester Gas and Electric Corporation

CERTIFICATE OF COMPLIANCE

Minimum Standard Insulation for Existing Residential Units Converting to Electric or Gas Heat

Iam aware that the Minimum Insulation Standards for Dwellings (Owner)
Converting to Gas or Electric Space Heat require my house to have storm doors, storm windows, and it least R-19 (usually six inches) roof insulation. I certify that my building at
(Location)
meets those requirements, or that I have obtained a waiver, and I understand that should my wailding be found not in compliance, a 15 percent surcharge on my utility bill may be imposed or electric or gas service may be discontinued.
The undersigned attests that all statements and representations contained in this vertificate are true and accurate.
Signature of Owner
pate
Address

PSC No: 16 - Gas Rochester Gas and Electric Corporation Initial Effective Date: June 1, 2003

Effective:

Leaf No. 121 Revision: 0 Superseding Revision:

GENERAL INFORMATION 8. FORMS (Cont'd)

D. MINIMUM INSULATION STANDARDS CERTIFICATE (Cont'd)

(3) Existing Residential Units Converting to Electric or Gas Heat – Contractor or Utility Certification

	Certificate No.
	Coldinate No.
	Rochester Gas and Electric Corporation
	CERTIFICATE OF COMPLIANCE
Mir	nimum Standard Insulation for
	ial Units Converting to Electric or Gas Heat
I hav	ve inspected the building at
	(Location)
owned by	and certify that it meets the requirements of
the Minimum (Owner)	
(3,	
Insulation Standards for Dwellings (Converting to Gas or Electric Space Heat.
The undersigned certifies that a	properly executed copy of this certificate will be delivered
to the owner and further attests tha	at all statements and representations contained in this
certificate are true and accurate.	
Date ————	Girmahuma of Gambusahan an Whilibu Bannaganbabina
	Signature of Contractor or Utility Representative

PSC No: 16 - Gas Leaf No. 122

Respector Gas and Floating Corporation

Paying 1

Rochester Gas and Electric Corporation Revision: 1
Initial Effective Date: January 1, 2005 Superseding Revision: 0

GENERAL INFORMATION 8. FORMS (Cont'd)

E. Reserved for Future Use

PSC No: 16 - Gas Leaf No. 123 Rochester Gas and Electric Corporation Revision: 1 Superseding Revision: 0

Initial Effective Date: January 1, 2005

GENERAL INFORMATION

$\underline{8. \quad FORMS}\left(Cont'd\right)$

F. **DEFERRED PAYMENT AGREEMENT**

Rochester Gas and Electric Corporation 89 East Avenue, Rochester, New York 14649

Nonresidential (Gene	eral Service) Payment Agreement			
Customer Name:	Account Number:			
Service Address:	Telephone Number:			
There is an outstanding balance owed to RG&E for the above acc	count number by the customer. The amount consists of the following:			
Outstanding Balance Due:	\$			
Deposit Amount Due:	\$			
TOTAL BALANCE OWED:	\$			
The outstanding balance may include amounts not included in In consideration of the Company's agreement to continue to supply gas/ele owing in accordance with the following:	the amount shown on the Final Termination Notice. ctric service to the Customer at the above address, the Customer agrees to pay the arrears			
The current bill and all future bills are to be paid by the last day to pay sho	wn on the bill.			
Payment of Outstanding Balance:				
A down payment of \$ is to be received by				
The remaining balance of § is to be paid as for	bllows:			
\$starting on				
\$ every two weeks on each	starting on			
\$a_month beginning with the last day to pay date on	your bill.			
Payment of Deposit:				
A down payment of \$ is to be received by				
The deposit balance is to be paid in——— installments of §	The first installment is to be received by			
, of each month	starting on If all payments are			
made on time, the deposit installment will be completed on				
Late payment charges are assessed on the past due balance at a rate of 1.5% the last day to pay date on your monthly bill. If the agreement is kept, \$ per month will e applied to the outstanding balance. The balance will be paid in The total amount of late payment charges may be greater or less depending on w	6 monthly, which is an annual rate of 18%. The late payment charge will be assessed after months. The total late payment charges are estimated to be \$ when payments are received.			
The agreement may not be changed or modified except in writing, signed by Termination Notice. This form must be returned along with the down payer.	by both parties. If payments are not received as agreed upon, you may receive an immediate ment, no later than			
You may contact the Public Service Commission to assure that this agreen convenience: 1-800-342-3377	nent is in conformance with 16 NYCRR Part 13. they have a toll free number for your			
Company Paprocentative Date	Customar Panyacantativa Data			

PSC No: 16 - Gas Leaf No. 124
Rochester Gas and Electric Corporation Revision: 1

Initial Effective Date: January 1, 2005

GENERAL INFORMATION 8. FORMS (Cont'd)

Superseding Revision: 0

F. <u>DEFERRED PAYMENT AGREEMENT</u>

Rochester Gas and Electric Corporation 89 East Avenue, Rochester, New York 14649

Res	sidential Payment Agree	ement	
Customer Name:	Account	Number:	
Service Address:	———Telepho	one Number:	
The total amount owed to RG&E for this account as of	is \$ -	·	
RG&E is required to offer a payment agreement that you are you are not able to keep the terms. Alternate terms may be a low as \$10 per month above your current bills. Also, assistant security income from your local social services office. If you payment agreement and by doing so avoid service termination because of conditions beyond your control. If after entering it Termination Notice and may discontinue service. If you are agreement please call RG&E at 1-877-266-3492.	vailable if you can demonstrate nee to pay utility bills may be a a sign and return this form, alor n. This agreement may be cha into this agreement, you fail to	e financial need. This means no down payment a available to recipients of public assistance or supping with the down payment by , you will be a need if your financial circumstances change sign comply with the terms, RG&E will send you a F	nd payments as lemental entering into a ificantly inal
All future bills are to be paid by the last day to pay shown on	the bill.		
Payment of Outstanding Balance:			
A down payment of \$ is to be reconstructed in addition to the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the resonant control in the current bill and late charge the control in the current bill and late charge the control in the current bill and late charge the control in the current bill and late charge the control in the current bill and late charge the current	maining balance is to be p	paid as follows:	
\$ is to be received by	of each	starting on	<u>.</u>
Payment of Deposit:			
A first payment of \$ is to be r The deposit balance is to be paid as follows:	received by		
\$ is to be received by	of each	starting on	
Late payment charges are assessed on the past due balance at a rai last day to pay date on your monthly bill. Late payment charges a			
You have the right to be placed on our Budget Billi payments for your bill. Call 1-877-266-3492 for in		to enroll check the box below.	nonthly
Acceptance Agreement:			
Customer Signature	RE&E I	Representative	
Date -		Date —	
Name (Print)		Name (Print)	
You may contact the Public Service Commission, if any further	er assistance is needed. They h	ave a toll free number for your convenience 1-800)-342-3355.
Return one copy of this agreement signed, with the down pay your service may be terminated.	ment, by	If it is not signed a	nd returned

PSC No: 16 - Gas Leaf No. 125 Rochester Gas and Electric Corporation Revision: 1

Initial Effective Date: January 1, 2005

Superseding Revision: 0

GENERAL INFORMATION 8. FORMS (Cont'd)

G. Reserved for Future Use

PSC No: 16 - Gas

Rochester Gas and Electric Corporation Initial Effective Date: June 1, 2003

Effective:

Leaf No. 126 Revision: 0 Superseding Revision:

GENERAL INFORMATION 8. FORMS (Cont'd)

H. **DISCONTINUANCE OF SERVICE FORM**

	Rochester Gas & Electric Corporation	P.S.C. No. 16		
		DISCONTINUANCE OF SERVICES FORM		
Moulecton Contact Doncon	Please type or print clearlyMarketer Name			
Marketer Contact Person Phone number	Fax number	Do con mumbon		
Phone number	Fax number	Pager number		
<u>Discontinue services to</u> : \Box Indiv	idual Customer listed below			
	☐ All our Customers in the RG&E service territory (Attach custon information as required on this form.)	ner list which includes Customer and service point		
Customer and Service Point Info				
	Customer Name (Account Name)			
Service Address Street		Apt. No		
	City	State NY Zip Code -		
Mailing Address				
	(Complete if different from Service Address)			
Contact Person	Telephone: Daytime	Evenings		
	Fax Pager number:	<u> </u>		
Old RG&E account #				
Is there any person at the service	e address who is listed as a Human Needs Customer?	ES □ NO		
(To discontinue services to multiple	e service points at the same service address, attach separate sheet listing ser	rvice point identification Service Classification for each.)		
Service Point ID	Meter No	Service Classification		
	For multiple dwellings, provide the following informa	tion:		
	Landlord's Name			
Landlord's Mailing Address				
	City	State NY Zip Code		
Landlord's Phone Number	<u>. </u>			
Reason for discontinuance of ser	vices			
Discontinuance will be effective u	upon obtaining a meter read (actual or estimated) for each service poin	t being discontinued.		
on regular meter	read date			
☐ on requested disc	ontinuance date			
The named Marketer certifie point(s).	es that such discontinuance of services does not violate the terms of the its of	contract with the Customer for the specified service		
!	ovided the Customer with at least 15 calendar days advance notice of such	discontinuance.		
Marketer Representative Signatu	ire	Date		
Title				
Mail to:	Rochester Gas & Electric Corporation 89 East Avenue	Telephone: 585-771-4602 or		
	Rochester, New York 14649 Attention: Wholesale Operations Dept.	Fax to: 585-771-4600		