

Mutual Agreement Form Shared Meter Condition

For office use only	Agreement date:				
Rec'd date:	Move in date:	Meter ı	number:		
Valid: Y or N If N, reason invalid:	Premise address:	Apt.,	/Floor#		
	City, State, ZIP:				
	Tenant(s) name (printed):				
	Owner/landlord name (printed):				
	Detailed list of equipment of ap				
Received prior to expiration of the 120 day period?					
Y or N					
Approved by:	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.				
Approved date:	Tenant's signature		Date:		
	Owner/landlord's signature: _		Date:		
	Oakas Sala aanaa aa ttaa				
	Submit document to:				
	Rochester Gas and Electric				
	180 South Clinton Avenue				
	Rochester, NY 14604				



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 **customer_service@rge.com** or mail to 180 South Clinton Avenue, Rochester, NY 14604.

Agreement Condition						
This shared meter agreement be	tween the landlord or m	anagement co	mpany and the tenant is	s due to the following	condition:	
The landlord or agent		and the tenant TENANT NAME				
Of	ENT NAME		TENANT N	AME 		
agree that the electric and/or n dwelling unit.	atural gas meter for this	s location is sh	nared and measures er	ergy usage outside o	of the tenant's	
The landlord or management ag the following: a monthly rent red their name.					=	
This statement has been agree	ed to by:					
XLANDLORD/AGENT SIGNATURE	DATE	x	TENANT SIGNATURE		E	
Tenant Application for Servi	ice					
New Customer Name			Email	JSED TO CONTACT YOU REGARDII	NG YOUR RG&E SERVICE	
Service Address		Apt	City	State	ZIP	
Mailing Address	VICE ADDRESS	Apt	City	State	ZIP	
Home Phone			Cell/Other Phone	! <u> </u>		
RG&E requires two forms of ve	rifiable identification:	Social Securit	y Number			
Driver's License Number	and	State	Identification Number_		_ and ID Type	
Date to Start Utility Service						

MONDAY-FRIDAY, NON-HOLIDAYS