

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

Leaf No. 114
Revision: 1
Superseding Revision: 0

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 Phone #:	Fax #:		
Date Responsible for Service:	Service Requested <input type="checkbox"/> Electric:- Fixed Price <input type="checkbox"/> Electric:- Variable Price <input type="checkbox"/> Gas			
Date RG&E can have access to read the meters:	Customer Turn-on Readings: <input type="checkbox"/> Electric: _____ <input type="checkbox"/> Gas: _____			
Do you control access to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No. List the name, address and phone number of the person who controls access.				
Name:		Phone #:		
Address:		City:	State:	Zip:
IDENTIFICATION (Completed by Applicant)				
INSTRUCTIONS: Provide RG&E with two forms of verifiable identification.				
NY Driver's License Number:		<input type="checkbox"/> New York State <input type="checkbox"/> Other State Please List		
Non-Drivers State Identification Number:		<input type="checkbox"/> New York State <input type="checkbox"/> Other State (Please List)		
Social Security Number:				
ID Type:	ID Number:	ID Type:	ID Number:	
Previous Service Address:		City:	State:	Zip:
Previous Service Address:		City:	State:	Zip:
How long will you need the service?: <input type="checkbox"/> < 1 year <input type="checkbox"/> > 1 years <input type="checkbox"/> Seasonal		Do you <input type="checkbox"/> Own property <input type="checkbox"/> Rent property?		
If you rent, what is the term of the lease? <input type="checkbox"/> 1 Year <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> None				
<input type="checkbox"/> Other (list)				
Are there any residents that are on Life Support Devices or have a serious medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please detail below				
OFFICE USE (Completed by RG&E)				
Account #:		Amount:	Reason: <input type="checkbox"/> Short Term /Seasonal	
Is a deposit required? <input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> ID Verified <input type="checkbox"/> Service Responsibility Verified <input type="checkbox"/> Payment Agreement Made				

Balance Owed: \$	Account #:	Account Balance: \$
Balance Owed: \$	Account # :	Account Balance: \$
Payment Required to Obtain Service: \$		
Additional Notes:		

SIGNATURE (Applicant must sign; otherwise, the application will not be accepted))

Applicant: As indicated, I hereby apply for gas or electric service, or both 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 Name
(Print)

Applicant Signature

RG&E Signature

Date:

Date:

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

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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.

INFORMATION (Completed by Applicant)				
Account Name:			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 Name:		City:	State:	Zip:
Primary Contact Person:		Phone # (if different):		
For Partnerships & DBAs, enclose a copy of the filed DBA or Partnership papers: <input type="checkbox"/> Required <input type="checkbox"/> Not required (on file)				
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> DBA (specify name)				
Name:		Social Security #:	Employer Tax ID #:	
Home Address:				
Name:		Social Security #:	Employer Tax ID # :	
Home Address:				
For Corporations, enclose a copy of the certificate of incorporation, which lists principal officers: <input type="checkbox"/> Required <input type="checkbox"/> Not required (on file)				
Employer Tax ID #:				
Tax Exempt Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt <input type="checkbox"/> Partial Exempt. If partial or exempt, enclose a copy of exemption certificate				
SERVICE LOCATION INFORMATION (Completed by Applicant)			Additional Protections may be available under Part 11 of 16 NYCRR for residential uses.	
If residential, specify the number of residential units:				
Do you control access to the meter? <input type="checkbox"/> Yes <input type="checkbox"/> No. List name, address, and phone number of the person controlling access below:				
Name:		Phone:		
Address:		City:	State:	Zip:
Will this service be used exclusively for religious purposes by a religious corporation or association? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will this service be used by a post or hall owned or leased by a not-for-profit corporation that is a veterans' organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will this service be used exclusively by a not-for-profit corporation in a community residence for the mentally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SERVICE TYPE REQUESTED (Completed by Applicant)				
The questions that follow are designed to assist RG&E in placing you on the proper and most beneficial service classification. The information you supply will be used to determine your service classification. A complete description of all service classifications and their terms are listed in RG&E's Gas and Electric Tariffs, which are available for inspection at any RG&E office as well as on RG&E's website (www.rge.com).				
<input type="checkbox"/>	ELECTRIC SERVICE Will consumption be similar to prior customer?	Requested Effective Date: _____ <input type="checkbox"/> Yes, same service classification as prior. <input type="checkbox"/> No. Has Electric Service Request Form been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact RG&E Marketing and Sales Department at (585) 771-6040 for an Electric Service Request Form.		
<input type="checkbox"/>	AREA LIGHTING			
<input type="checkbox"/>	GAS SERVICE Will consumption be similar to prior customer?	Requested Effective Date: _____ <input type="checkbox"/> Yes, same service classification as prior. <input type="checkbox"/> No. Has Gas Service Request Form been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact RG&E Marketing and Sales Department at (585) 771-6040 for Gas Service Request Form.		
<input type="checkbox"/>	OTHER SERVICE	Requested Effective Date: _____		
	<input type="checkbox"/> Facility Relocation (Describe) _____			
	<input type="checkbox"/> Disconnect / Reconnect			
	<input type="checkbox"/> Other (specify) _____			

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Superseding Revision: 0

GENERAL INFORMATION

8. FORMS (Cont'd)

B. GENERAL SERVICE APPLICATION FORM

NON-RESIDENTIAL SERVICE AGREEMENT Page 2

CONNECTION / OTHER CHARGES (Completed by RG&E)

Electric Connection Charge	\$	
Gas Connection Charge	\$	
Other Service Charge	\$	
Sales Tax @ <u> 0 </u> %	\$	
TOTAL	\$	Attach payment with application

Remarks

DEPOSIT REQUEST (Completed by RG&E)

INSTRUCTIONS: RG&E completes this section to determine deposit requirement.

Is a deposit required? ☐ Yes, in the amount \$ _____ Attach payment with this application.
☐ No, (Specify reason) _____

RG&E will also accept deposit alternatives, such as a bank irrevocable letter of credit or a surety bond. The terms and conditions upon which consumer's deposits are collected, held, and refunded are explained in RG&E's Tariffs and a brochure explaining customer's rights and responsibilities. (See attachment for RG&E's Deposit Policy)

SERVICE CLASSIFICATION (Completed by RG&E)

Service will be billed under the Account(s) and Service Classification (SC) Number(s) listed below. If different service addresses, then complete and sign the attached Blanket Addendum.

Service Type = (E)lectric or (G)as Class = Service Classification (e.g., 1, 2, 3, etc.) Price Option = (F)ixed Price, (V)ariable Price, or (E)SCO Price

Effective Date	Account #	Service Address	Meter #	Service Type/Class	Price Option (F, V, or E)

REMARKS / SPECIAL CONDITIONS (Completed by RG&E)

SIGNATURE (Completed by Applicant)

APPLICANT: I have accurately completed this application to the best of my knowledge and ability. I agree to comply with all the applicable provisions of RG&E's Tariffs and agree to pay for the charges under the appropriate service classification(s) as determined by this application.

By signing below, I am accepting responsibility for all usage on the meter assigned to the stated address. For multi-metered buildings, RG&E recommends that I verify the accuracy of the wiring connected to my electric meter through a licensed electrician; and/or that I verify the accuracy of the gas fuel line piping through a qualified heating/plumbing contractor.

Applicant Name (Print)	_____	Date	_____
Applicant Title	_____		
Applicant Signature	_____		
RG&E Name (Print)	_____	Date	_____
RG&E Signature	_____		

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

PSC No: 16 - Gas

Leaf No. 117

Rochester Gas and Electric Corporation

Revision: 1

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GENERAL INFORMATION

8. FORMS (Cont'd)

Reserved for Future Use

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

PSC No: 16 - Gas
Rochester Gas and Electric Corporation
Initial Effective Date: June 1, 2003
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GENERAL INFORMATION
8. FORMS (Cont'd)

C. GAS MAIN EXTENSION AGREEMENT FORM

District _____ GAS MAIN EXTENSION AGREEMENT Extension No. _____
Rochester Gas and Electric Corporation

The undersigned hereby requests a Gas Main Extension from the existing main at

In the _____ of _____ County of _____

AND AGREES TO:

1. Grant to the Company, without expense to it, satisfactory permits or easements for the construction, maintenance and operation of the gas main and facilities through, upon and along his property.
2. Sign the Company's prescribed form of application for service, to use the service as soon as it is made available and to pay for the service at the regular filed rates as long as he remains a customer of the Company.
3. Pay a monthly surcharge* as required by the provisions of the Company's filed tariff. Unless otherwise cancelled by the terms of such tariff provisions, the obligation of the undersigned to pay such surcharge shall continue even after transfer of the premises to which it is applicable unless (a) the transferee assumes such obligation in writing and (b) the assumption is enforceable by the Company.

* The estimate of the monthly surcharge is \$ _____ per customer. The actual surcharge will be determined when actual costs of installation are known. The estimated surcharge is based on an extension of _____ feet to serve _____ customer(s) whose annual revenues to the Company are estimated to be \$ _____. The surcharge will be subject to revision:

1. When the number of customers served from the extension increases, and/or
2. Annually, based on revenue received by the Company in the prior twelve months.

This request is made with full and complete knowledge that the main will not be laid until all [] of the applicants have signed for service from the extension and until all necessary easements and permits have been granted and the premises of all applicants have been properly piped for reasonable use of the Company's gas service.

Name

Address

Deposit \$ _____ Credit Approved _____

Received by: _____ Date _____

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

Leaf No. 119
Revision: 0
Superseding Revision:

D. MINIMUM INSULATION STANDARDS CERTIFICATE

Certificate No. _____

The undersigned certifies that the

at _____
(Location)

Part 1:E101.6)

Part 3) New York State Energy Conservation

Part 4) Construction Code

☐ Part 5)

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.

Date_____

Signature of Builder or Contractor

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

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

Certificate No. _____

Rochester Gas and Electric Corporation

CERTIFICATE OF COMPLIANCE

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

I _____ am 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 at 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 building 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 certificate are true and accurate.

Signature of Owner

Date _____

Address

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

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

Leaf No. 121
Revision: 0
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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. _____

Rochester Gas and Electric Corporation

CERTIFICATE OF COMPLIANCE

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

I have inspected the building at _____
(Location)

owned by _____ and certify that it meets the requirements of
the Minimum
(Owner)

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 that all statements and representations contained in this certificate are true and accurate.

Date _____

Signature of Contractor or Utility Representative

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

PSC No: 16 - Gas
Rochester Gas and Electric Corporation
Initial Effective Date: January 1, 2005

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GENERAL INFORMATION
8. FORMS (Cont'd)

E. Reserved for Future Use

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

PSC No: 16 - Gas
Rochester Gas and Electric Corporation
Initial Effective Date: January 1, 2005

Leaf No. 123
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GENERAL INFORMATION

8. FORMS (Cont'd)

F. DEFERRED PAYMENT AGREEMENT

Rochester Gas and Electric Corporation
89 East Avenue, Rochester, New York 14649
Nonresidential (General Service) Payment Agreement

Customer Name: _____ Account Number: _____

Service Address: _____ Telephone Number: _____

There is an outstanding balance owed to RG&E for the above account 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 the amount shown on the Final Termination Notice.

In consideration of the Company's agreement to continue to supply gas/electric service to the Customer at the above address, the Customer agrees to pay the arrears owing in accordance with the following:

The current bill and 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 received by _____

The remaining balance of \$ _____ is to be paid as follows:

\$ _____ a week on each _____ 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% monthly, which is an annual rate of 18%. The late payment charge will be assessed after the last day to pay date on your monthly bill. If the agreement is kept, \$ _____ per month will be applied to the outstanding balance. The balance will be paid in _____ months. The total late payment charges are estimated to be \$ _____. The total amount of late payment charges may be greater or less depending on when payments are received.

The agreement may not be changed or modified except in writing, signed by both parties. If payments are not received as agreed upon, you may receive an immediate Termination Notice. This form must be returned along with the down payment, no later than _____.

You may contact the Public Service Commission to assure that this agreement is in conformance with 16 NYCRR Part 13. they have a toll free number for your convenience: 1-800-342-3377

Company Representative - Date

Customer Representative - Date

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

PSC No: 16 - Gas
Rochester Gas and Electric Corporation
Initial Effective Date: January 1, 2005

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GENERAL INFORMATION

8. FORMS (Cont'd)

F. DEFERRED PAYMENT AGREEMENT

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

Residential Payment Agreement

Customer Name: _____ Account Number: _____

Service Address: _____ Telephone 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 able to pay considering your financial circumstances. This agreement should not be signed if you are not able to keep the terms. Alternate terms may be available if you can demonstrate financial need. This means no down payment and payments as low as \$10 per month above your current bills. Also, assistance to pay utility bills may be available to recipients of public assistance or supplemental security income from your local social services office. If you sign and return this form, along with the down payment by _____, you will be entering into a payment agreement and by doing so avoid service termination. This agreement may be changed if your financial circumstances change significantly because of conditions beyond your control. If after entering into this agreement, you fail to comply with the terms, RG&E will send you a Final Termination Notice and may discontinue service. If you are unable to pay these terms, if further assistance is needed, or if you wish to discuss this agreement please call RG&E at 1-877-266-3492.

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 received by _____.

In addition to the current bill and late charge the remaining balance is to be paid as follows:

\$ _____ is to be received by _____ of each _____ starting on _____.

Payment of Deposit:

A first payment of \$ _____ is to be received by _____.

The deposit balance is to be paid as follows:

\$ _____ is to be received by _____ of each _____ starting on _____.

Late payment charges are assessed on the past due balance at a rate of 1.5% monthly, which is an annual rate of 18%. Late payment charges will be assessed after the last day to pay date on your monthly bill. Late payment charges are part of the current bill. The total late payment charges are estimated to be _____.

You have the right to be placed on our Budget Billing Program immediately. The Budget allows you to make equal monthly payments for your bill. Call 1-877-266-3492 for information or, if you wish to enroll check the box below.

Yes! I would like Budget Billing [].

Acceptance Agreement:

Customer Signature

RE&E Representative

_____ Date _____

_____ Date _____

Name (Print)

Name (Print)

You may contact the Public Service Commission, if any further assistance is needed. They have a toll free number for your convenience 1-800-342-3355.

Return one copy of this agreement signed, with the down payment, by _____ . If it is not signed and returned your service may be terminated.

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

PSC No: 16 - Gas
Rochester Gas and Electric Corporation
Initial Effective Date: January 1, 2005

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GENERAL INFORMATION
8. FORMS (Cont'd)

G. Reserved for Future Use

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York

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Rochester Gas and Electric Corporation
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GENERAL INFORMATION
8. FORMS (Cont'd)

H. DISCONTINUANCE OF SERVICE FORM

Rochester Gas & Electric Corporation

P.S.C. No. 16

DISCONTINUANCE OF SERVICES FORM

Please type or print clearly Marketer Name

Marketer Contact Person

Phone number - -

Fax number - -

Pager number - -

Discontinue services to: ☐ Individual Customer listed below

☐ All our Customers in the RG&E service territory (Attach customer list which includes Customer and service point information as required on this form.)

Customer and Service Point Information:

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:	- -
Old RG&E account #			
Is there any person at the service address who is listed as a Human Needs Customer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(To discontinue services to multiple service points at the same service address, attach separate sheet listing service point identification Service Classification for each.)			
Service Point ID	Meter No	Service Classification	

For multiple dwellings, provide the following information:

Landlord's Name			
Landlord's Mailing Address			
City	State NY	Zip Code	-
Landlord's Phone Number	-	-	

Reason for discontinuance of services

Discontinuance will be effective upon obtaining a meter read (actual or estimated) for each service point being discontinued.

- ☐ on regular meter read date
☐ on requested discontinuance date

<ul style="list-style-type: none">The named Marketer certifies that such discontinuance of services does not violate the terms of the its contract with the Customer for the specified service point(s).The named Marketer has provided the Customer with at least 15 calendar days advance notice of such discontinuance.	
Marketer Representative Signature	Date
Title	

Mail to: Rochester Gas & Electric Corporation
89 East Avenue
Rochester, New York 14649
Attention: Wholesale Operations Dept.

Telephone: 585-771-4602
or
Fax to: 585-771-4600

ISSUED BY: James A. Lahtinen, Vice President Rates and Regulatory Economics, Rochester, New York