

APPENDIX C

NEW YORK STATE STANDARIZED APPLICATION
FOR ATTACHMENT OF PARALLEL GENERATION
EQUIPMENT ABOVE 25 KW UP TO 2 MW
TO THE ELECTRIC SYSTEM OF

Utility: Orange & Rockland Utilities, Inc.

Customer:

Name: _____ Phone: (____) _____

Fax: (____) _____

Address: _____ Email: _____

_____ Municipality: _____

Utility Account Number: _____

Agent (if any):

Name: _____ Phone: (____) _____

Fax: (____) _____

Address: _____ Email: _____

_____ Municipality: _____

Consulting Engineer or Contractor:

Name: _____ Phone: (____) _____

Address: _____ Email: _____

Estimated In-Service Date: _____

Existing Electric Service:

Capacity: _____ Amperes Voltage: _____ Volts

Service Character: ()Single Phase ()Three Phase

Secondary 3 Phase Transformer Connection ()Wye ()Delta

Location of Protective Interface Equipment on Property:

(include address if different from customer address)

Energy Producing Equipment/Inverter Information:

Manufacturer: _____

Model No. _____ Version No. _____

()Synchronous ()Induction ()Inverter ()Other _____

Rating: _____ kW Rating: _____ kVA

