

..DID:
..TXT: PSC NO: 4 GAS
COMPANY: ORANGE AND ROCKLAND UTILITIES, INC.
INITIAL EFFECTIVE DATE: 10/15/97
STAMPS:

LEAF: 84
REVISION: 0
SUPERSEDING REVISION:

RECEIVED:

STATUS:

EFFECTIVE:

GENERAL INFORMATION

13. FORM OF APPLICATION FOR SERVICE

13.1 GENERAL

APPLICANT: Please read application and fill out Sections 1, 3 and 5.
O&R may require documentation to verify any information given.

SECTION 1 - APPLICANT INFORMATION

(To be completed by applicant)

Account Name _____ Mailing Address (if other) _____
Service Address _____
City _____ State ____ Zip _____ City _____ State ____ Zip _____

Address of Headquarters (if other than above) _____
City _____ State ____ Zip _____

Prior or Existing Addresses with O&R Service in Same Name:
_____ City _____ State ____ Zip _____

_____ City _____ State ____ Zip _____

Phone # of New Service Address () _____ Headquarters () _____

Do you own [] lease [] or rent [] the property?

Will service requested be used exclusively for residential purposes?
Y [] N [] If yes, please go to Section 5.

Will service requested be used exclusively for residential purposes?
Y [] N [] If yes, please provide percentage of use:
Residential _____% Non-residential _____%

Additional protections may be available under Part II of 16 NYCRR for residential use.

TAX EXEMPT STATUS

Taxable [] Exempt [] Partial Exempt []
If partial or exempt, attach copy of exempt certificate.

ACCESS CONTROL

Do you control access to the meters? Y [] N []

If no, please list name, address and phone number of person who does:

(NAME)

(ADDRESS)

(PHONE)

BUSINESS ENTITY IDENTIFICATION

CORPORATION [] PARTNERSHIP [] INDIVIDUAL [] DBA []

Issued By: Larry S. Brodsky, President, Pearl River, New York
(Name of Officer, Title, Address)

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13. FORM OF APPLICATION FOR SERVICE (Cont'd.)

13.1 GENERAL (Cont'd.)

CORPORATIONS/DBAS

Where and when was the certificate of corporation or DBA filed?

CITY _____ STATE _____ ZIP _____ DATE _____

Please Attach Copy of Certificate

Principal Officers:

President _____ Treasurer _____
Vice President _____ Secretary _____

PARTNERSHIPS/INDIVIDUALS

- 1) Name _____ Social Security Number _____-_____-_____
Home Address _____
- 2) Name _____ Social Security Number _____-_____-_____
Home Address _____

SECTION 2 - DETERMINATION OF SERVICE CLASSIFICATION AND REQUIREMENTS

The questions on these pages are designed to assist us in placing you on the proper and most beneficial service classification. The information you supply may be used to determine what service classification you are eligible for. The information may also be used to determine service requirements. Please review the General Service Classifications listed below. There are eligibility requirements for each classification and you may be eligible under more than one. Costs vary under different service classifications; however, one classification may be more beneficial to your business than another. A complete description of all service classifications may be found in O&R's filed Tariff, which is available for inspection at every Regional Office and Customer Service facility. Any questions regarding service classifications may be discussed with a Representative. If the information provided on this application is inaccurate or incomplete, the customer may be subject to backbilling on the correct service classification or precluded from receiving a refund for any overcharges. Should there be a change in usage or equipment at a future date, you must notify us to assure billing under the proper service classification.

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INITIAL EFFECTIVE DATE: 10/15/97 SUPERSEDING REVISION: 0
STAMPS: Issued in compliance with Commission Order in Case 97-G-1309 dated 10/02/97.

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13. FORM OF APPLICATION FOR SERVICE (Cont'd.)

13.1 GENERAL (Cont'd.)

GENERAL SERVICE CLASSIFICATIONS

Electric Service Classification No. 2 - General Secondary or Primary

Applicable for use of service by any non-residential customer who establishes a minimum demand of 5 KW or more. A special reduced rate is offered to any customer who installs a minimum of 10 KW or more of permanently installed heat pumps or electric heat. This provision will require the installation of a separate meter for the electric space conditioning equipment.

Electric Service Classification No. 3 - 100 Kilowatts Minimum

Applicable to use of service for all purposes by any customer who maintains a minimum of 100 KW demand for two consecutive months during the previous twelve months.

Electric Service Classification No. 9 - Time of Use Rate

Applicable to use of service for General Primary service customers who maintain a minimum demand of 1,000 KW during any two of the previous twelve months and provide all equipment required to take service at a primary voltage as designated by O&R.

Electric Service Classification No. 16 - Dusk to Dawn Lighting

Applicable to use of service for annual outdoor lighting in the New York service territory, installed on wood poles, when requested by property owners for private areas or within the areas of an adjacent highway, subject to permission of the State of New York or other municipal authority having jurisdiction over the highway. This service classification is not available for seasonal use.

Gas Service Classification No. 1 - General Service

Applicable to use of service for all purposes up to 50,000 Mcf annually. New customers requesting in excess of 50,000 Mcf per year require the approval of both the Company and the Commission.

SPECIAL PROVISION FOR SPACE CONDITIONING

Orange and Rockland Utilities, Inc. offers a reduced heating rate to customers who have a minimum of 10 KW or more of permanently installed heat pump or electric space conditioning equipment. This provision will require the installation of a separate meter for the heating equipment.

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13. FORM OF APPLICATION FOR SERVICE (Cont'd.)

13.1 GENERAL (Cont'd.)

SPECIAL PROVISION FOR SPACE CONDITIONING (Cont'd.)

Please complete the information below to help us determine whether the rate will be applicable to your project:

Electric Heat _____ Heat Pump Gas _____ Oil _____ Other _____

SECTION 3 - BUILDING DATA

Principal Contact _____	Tel. # _____
General Contractor _____	Tel. # _____
Architect _____	Tel. # _____
Engineering Consultant _____	Tel. # _____
Nature of Business _____	SIC _____
Projected Number of Employees _____	
Total New Building Square Footage _____	
Square Footage of Addition to Existing Building _____	

In addition to the information requested in this application, the following articles must be submitted in order to provide adequate electric and gas service to your project in a timely fashion: (For new construction only)

- 1) Six (6) finalized site plans indicating both meter and padmount transformer locations. Doors and windows in the area of the transformer must be specifically noted on the site plan.
- 2) Certified copies of the deeds to the subject property. From these deeds we will furnish the easements necessary to complete our installation on the property. A Grant of Right of Way form, in duplicate, will be forwarded to you at a later date for proper execution.

ELECTRIC SERVICE INFORMATION

Size of Electric Service _____ (amps)	Amps per Meter _____
Number of Electric Meters _____	Date Service Required _____
Secondary Voltage _____	Hours of Operation _____

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13.1 GENERAL (Cont'd.)

ELECTRIC SERVICE INFORMATION (Cont'd.)

PLEASE NOTE THAT CUSTOMERS INSTALLING A HEAT PUMP OR ELECTRIC HEAT MAY BE ELIGIBLE FOR A REDUCED RATE. (See Page 2 for further information.)

LOAD BREAKDOWN

PHASE

		<u>Single</u>	<u>Three</u>
Lighting	_____ KW	_____	_____
Receptacles	_____ KW	_____	_____
Air Conditioning	_____ KW	_____	_____
Electric Heat	_____ KW	_____	_____
Water Heating	_____ KW	_____	_____
* Motors	_____ KW	_____	_____
Misc.	_____ KW	_____	_____

* Motors (Please list individual loads over 5 hp.)

QUANTITY	HORSEPOWER	PHASE		USE
		<u>Single</u>	<u>Three</u>	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**GAS SERVICE INFORMATION
 NATURAL GAS REQUIREMENTS**

TOTAL INPUT (BTU) _____ NUMBER OF METERS _____
 DATE SERVICE REQUIRED _____

Please provide BTU input and hours of operation per customer:

<u>Type of Customer</u>	<u>Number of Occupancies</u>	<u>Heating Loads</u>	<u>Hrs/Day</u>	<u>Cooking Loads</u>	<u>Hrs/Day</u>	<u>Water Heating</u>	<u>Hrs/Day</u>
Retail/Office	_____	_____	_____	_____	_____	_____	_____
Restaurant	_____	_____	_____	_____	_____	_____	_____
Dry Cleaner	_____	_____	_____	_____	_____	_____	_____
Major Tenant	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____

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13.1 GENERAL (Cont'd.)

GAS SERVICE INFORMATION (Cont'd.)

SPECIAL PROVISION FOR DUAL FUEL: FOR INDUSTRIAL APPLICATIONS:
Alternate type of fuel: _____ Process Requirement _____ BTU
Other: _____

SECTION 4 - DEPOSIT POLICY

O&R has included provisions in its tariff for requiring deposits from consumers, pursuant to Public Service Law, Section 117, and in accordance with 16 NYCRR.

Purpose of Deposit: To provide O&R with security for services rendered.

Amount of Deposit: A sum equal to twice the average monthly billing or twice the average monthly billing during peak usage period. O&R may change the deposit amount if it determines that the deposit held either falls short of or exceeds the amount that O&R may lawfully require by 25% or more.

Term of Deposit: The deposit will be held for a period of two years of prompt payment of bills for service.

Deposit Alternatives: A deposit may be a cash deposit, irrevocable letter of credit or surety bond.

Deposit Waiver: At its sole discretion, O&R may accept in lieu of a deposit a customer's written promise to pay bills on receipt and a written waiver of the customer's right to be sent a final termination notice until 20 days after payment is due.

New Applicants for Service: A deposit will be required of an applicant for service whose standard industrial code designation has historically been identified as the type of business which fails frequently in the first two years of service.

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13.1 GENERAL (Cont'd.)

SECTION 5 - SIGNATURE OF APPLICANT AND REPRESENTATIVE

NOTICE: O&R will test the customer's metering device(s) to assure its accuracy prior to, or within 30 days of, the initiation of service. This testing will establish a record of the condition of the metering device at the initiation of service and will preserve O&R's rights to backbill for unbilled service caused by any subsequent faulty operation of the metering device.

NOTICE: False Statements relative to the name of the applicant and persons responsible for payment of charges may result in termination of service.

Accordingly, and with notice of the foregoing, I hereby affirm that the foregoing statements of responsibility for payment of service are true. To the best of my knowledge, the information provided herein is accurate and no attempt has been made to misrepresent the facts.

NAME OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____

Relationship of Applicant to customer applying for service:

____ Proprietor ____ Corporation Officer
____ Partner ____ Agent ____ Other (Specify _____)

Name of person responsible for payment for service rendered:
(if other than above) _____

LIST OF DOCUMENTS REQUIRED TO SUBSTANTIATE APPLICATION INFORMATION

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Tax Exempt Certificate | <input type="checkbox"/> Lease Agreement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Rental Agreement | _____ |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Partnership Agreement | _____ |

Name of O&R Representative _____

Signature of O&R Representative _____ Date _____

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