

APPLICATION FOR SC 9 INTERRUPTIBLE OR OFF-PEAK FIRM TRANSPORTATION AND SALES SERVICE FOR EXISTING CUSTOMERS TRANSFERRING FROM OTHER GAS SERVICE CLASSIFICATIONS

Welcome! This is your application to Consolidated Edison Company of New York Inc. ("Con Edison" or "the Company") for Transportation Service under Service Classification ("SC") No. 9 of our Schedule for Gas Service.

Note: This application should be accompanied by "AGENCY AGREEMENT," Form EM-G-0001.

A Service Classification Nos. 1, 2, 3, or 13 Customer transferring to Interruptible or Off-Peak Service after taking Firm Service for less than five years may, in the Company's sole discretion, be required to pay all or a portion of the facility costs previously incurred for the Customer.

A. CURREN	Γ ACCOUNT INFORMATION
Current Account	No.: (Your account number appears on your Con Edison Bill)
Account Name:	List the name(s) of the person(s) and/or business who owns or leases the premises where service is supplied.
Account Address	s: Please enter the address where you receive gas service.
Phone No.:	Fax No.:
B. OPERATI	ONS INFORMATION
List the name, accurtailment:	ldress and telephone number of the person whom Con Edison should contact in the event of a service
Name of Operati	ons Manager or Authorized Representative:
Address:	
Telephone Numb	pers:
During Busi	ness Hours (Mon-Fri 8:00 AM to 4:00 PM): Fax No.:
All other ho	urs (including nights, weekends and holidays): Fax No.:



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B. OPERATIONS INFORMATION - Continued								
Specify number of boilers at your premises:								
Do you have an Oil Tank located at your premises?								
What is the Capacity of Oil Tank located on your premises? gallons								
Alternate energy source, if any:	□ No. 2 oil □ Electric		□ No. 6 oil					
C. SELLER INFORMATION								
Please provide below the name of your natural gas supplier ("Seller") and Agent who will perform your nominating and scheduling responsibilities with pipelines. Your Seller and Agent may be the same party. You must also complete the Agency Agreement (Form EM-G-0001).								
Seller Name:								
Agent Name:								
D. BALANCING OPTION SELECTION								
(Required for an Interruptible or Off-Peak Firm Customer who does not have a Seller under SC 20)								
Indicate below by an "X" the type of Balancing Service you select.								
☐ Daily Balancing ☐ Monthly Bal	ancing	☐ Group Balar	ncing					
Each month a Customer may change the balancing option on written notice given to the Company in accordance with Con Edison's operating procedures.								



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E. TERM OF SERVICE (T	o be completed by	Off-Peak Firm Cust	omers only)	
2		· ·	he initial term of service you elect will determine at the phone number listed on your monthly	ne
☐ One Year (Minimum)	☐ Two Years	☐ Three Years	☐ Other (Specify)	
F. ADDITIONAL INFORM	IATION			
			nent of service with automatic renewal for above and in accordance with Con Edison's	
	onth period, the Custo	omer should notify Co	e of gas use over the term of service as compared on Edison in writing or contact the Company	i
merchantable title to all such indemnify Con Edison and sa	gas free and clear of we it harmless from ms of any or all pers	all liens, encumbrand all suits, actions, debt sons to said gas includ	ransportation, the Customer will have good and ces and claims whatsoever. The Customer shall is, accounts, damages, costs, losses and expenses ling claims for any royalties, taxes, license fees or ison for transportation.	r
the Company's Schedule for	Gas Service, now on and to the rules, reg	file with the Public S	reunder are subject in all respects to the provisions Service Commission, and its Operating Procedures and on the provision of the provision o	
G. SIGNATURE				
To the best of my knowledge misrepresent the facts.	, the information pro	wided here is accurate	e and no attempt has been made to	
Full Name of Customer:				
Signature of Customer or Au	thorized Representat	ive or Agent:		
Mailing Address:				
Date:				
(FOR COMPANY USE O	NI.V)			
Received By:			Date:	
Approved By:			Date:	
New Interruptible Service Co	mmencement Date:		Prior Service Commencement Date:	
Type of Service under which	customer was previo	ously served:		

Revised 4/1/2011 Form EM-G-0003