

PSC No: 19 - Electricity
Rochester Gas and Electric Corporation
Initial Effective Date: June 1, 2003

Leaf No. 107
Revision: 0
Superseding Revision:

GENERAL INFORMATION
7. FORMS (Cont'd)

B. GENERAL SERVICE APPLICATION FORM



General Service Application

Rochester Gas and Electric Corporation
89 East Avenue
Rochester, NY 14649

APPLICANT Please fill out the information, Selection of Service Classification and Signature Sections. If this application is for more than one service location please provide a separate signed list of the service addresses requested.

| | | | |
|--------------------------------------|--|-------|-----|
| INFORMATION (Completed by Applicant) | | | |
| Account Name | Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> DBA <input type="checkbox"/> | | |
| Account Address | City | State | Zip |
| Mailing Address | City | State | Zip |
| Day Phone # | Evening Phone # | Fax # | |

Addresses of Prior or Existing RG&E Service

| | |
|---|------------------------------|
| For Individuals, Partnerships & DBA'S (Partnerships & DBA'S Enclose a copy of the filed DBA or Partnership papers.) | |
| NAME _____ | Social Security Number _____ |
| Home Address _____ | |
| NAME _____ | Social Security Number _____ |
| Home Address _____ | |
| NAME _____ | Social Security Number _____ |
| Home Address _____ | |
| For Corporations (Enclose a copy of the certificate of incorporation) | |
| Date of Incorporation _____ | State of Incorporation _____ |
| Address of Principal Office or Headquarters _____ | |
| Officer Name & Title _____ | Phone Number _____ |
| Home Address _____ | |
| Officer Name & Title _____ | Phone Number _____ |
| Home Address _____ | |
| Officer Name & Title _____ | Phone Number _____ |
| Home Address _____ | |
| Officer Name & Title _____ | Phone Number _____ |
| Home Address _____ | |

Tax Exempt Status: Taxable [], Exempt [], Partial Exempt []. If partial or exempt attach a copy of exemption certificate.

Service Location Information

| | |
|---|---|
| Do You Own [] or lease [] the property? _____ | What will the service supply? _____ |
| Will this service be used for residential purposes? Yes [] No [] | Additional Protections may be available under Part 11 of 16 NYCRR for residential uses. |
| Will Service be used for less than two years? Yes [], No []. | |
| Will this service be used by any post or hall owned or leased by a not-for-profit corporation that is a veteran's organization? Yes [] No []. | |
| Will this service be used exclusively for religious purposes by a religious corporation or association? Yes [] No []. | |
| Will this service be used exclusively by a not-for-profit corporation in a community residence for the mentally disabled? Yes [] No []. | |

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