

..DID: 1063  
 ..TXT: PSC NO: 4 GAS LEAF: 84  
 COMPANY: ORANGE AND ROCKLAND UTILITIES, INC. REVISION: 0  
 INITIAL EFFECTIVE DATE: 10/15/97 SUPERSEDING REVISION:  
 STAMPS:  
 RECEIVED: 07/22/97 STATUS: Effective EFFECTIVE: 10/15/97

**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)