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COMPANY: CONSOLIDATED EDISON COMPANY OF NEW YORK, INC. REVISION: 0

INITIAL EFFECTIVE DATE: 03/01/99 SUPERSEDING REVISION:

STAMPS:

Cancelled by 1 Rev. Leaf No. 194 Effective 06/01/2002

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GENERAL INFORMATION - Continued

XI. Application Forms - Continued

Application for Service for Non-Residential Customers - Continued

PART B. SERVICE CLASSIFICATION - Continued

5. **ELECTRIC INFORMATION:** The amount of electricity you use and how you use it will generally determine the rate at which you will be billed. Which of the following best describes your business or premises? (*Check only one*)

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- ☐ Store, Restaurant, Commercial Office. Indicate type: _____
- ☐ Medical or professional office building or suite.
- ☐ Apartment or premises, in a residential building, where business is also conducted (*doctor's office, beauty parlor, real estate, etc.*)
- ☐ Hotel, motel, hospital, nursing home, flea market. (*If a Hotel, please discuss with service representative*)
- ☐ Religious use, such as a house of worship, living quarters of the clergy, rectory or parochial school.
- ☐ Other (*Describe*) _____

Which of the following best describes your use of electricity? (*Check only one*)

- ☐ Exclusively for hall lighting, elevators, and other common areas of apartment or commercial buildings
- ☐ Entire premises for your own use (*Example: retail store.*)
- ☐ Entire premises, including redistributing electricity to: ☐ Residential tenants ☐ Commercial tenants
- (*If you are redistributing service to others, please speak with a service representative.*)

Do you have? (*check all that apply*):

- ☐ An Emergency Generator ☐ **Electric** Space Heating ☐ **Electric** Hot water heating

Have you made, or do you plan to make wiring changes on this location? ☐ Yes ☐ No

(General Information - Continued on Leaf No. 195.0)

Issued By: Joan S. Freilich, Exewcutive Vice President & Chief Financial Officer, 4 Irving Place, New York, N.Y. 10003

(Name of Officer, Title, Address)