

..DID: 18423
 ..TXT: PSC NO: 9 GAS LEAF: 190
 COMPANY: CONSOLIDATED EDISON COMPANY OF NEW YORK, INC. REVISION: 1
 INITIAL EFFECTIVE DATE: 06/01/02 SUPERSEDING REVISION: 0
 STAMPS:
 RECEIVED: 02/22/02 STATUS: Effective EFFECTIVE: 06/01/02

GENERAL INFORMATION - APPLICATION FOR SERVICE - Continued

PART D. ADDITIONAL INFORMATION

1. **SALES TAX STATUS:** What is sales tax status for the account?
☐ Taxable ☐ Non-Taxable ☐ Partially Tax Exempt

IF YOU CLAIM TAX EXEMPTION, ATTACH THE APPROPRIATE EXEMPT CERTIFICATION TO THIS APPLICATION.

- ☐ ST-119.1: New York State and Local Sales and Use Tax - Exempt Organization Certification
☐ ST-120: New York State and Local Sales and Use Resale Certificate
☐ ST-121: New York State and Local Sales and Use Tax - Exempt Use Certification
☐ TP-385: Certification of Residential Use - Sales Tax Reduction on Energy Purchases

These forms are available from the New York State Department of Finance (1-800-462-8100).
 If you are a tax-exempt organization and redistribute electricity or steam, contact your tax advisor to determine if you are eligible for remission of the State Gross Receipts Tax.

PART E. SIGNATURE

Before signing this application, you should carefully read the section concerning eligibility of religious organizations, community residences, and veterans' organizations for residential rates, and the IMPORTANT INFORMATION FOR ALL APPLICANTS that is available with this application form. Call us if you have questions about your rights and responsibilities as a Con Edison customer or visit our website at www.coned.com.

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Application submitted by:	Affiliation to person responsible for account:		
Print Name _____	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Same
Position/Title _____	<input type="checkbox"/> Corporate Officer	<input type="checkbox"/> Agent	
Full Signature _____	<input type="checkbox"/> Other(Explain) _____		

FOR COMPANY USE ONLY

Con Edison Representative accepting this application _____ Date _____
 Amount of Deposit Assessed \$ _____

(General Information - Continued Leaf No. 191.0)

Issued By: Joan S. Freilich, Executive Vice President & Chief Financial Officer, 4 Irving Place, New York, N. Y. 10003
 (Name of Officer, Title, Address)