

**PSC NO. 4 GAS**  
**ORANGE AND ROCKLAND UTILITIES, INC.**  
 INITIAL EFFECTIVE DATE: February 28, 2021

LEAF: 112.4  
 REVISION: 0  
 SUPERSEDING REVISION:

### GENERAL INFORMATION

#### 23. FORM OF APPLICATION FOR SERVICE (Cont'd.)

##### 23.2 Application for Conversion to Natural Gas



845-577-3324 All Offices  
 390 West Route 59 Spring Valley, NY 10977 845-577-3319 Fax  
 500 Route 208 Monroe, NY 10950 845-783-5504 Fax  
 71 Dolson Ave. Middletown, NY 10940 845-342-8939 Fax

JOB NUMBER: \_\_\_\_\_  
 SEND JOB NUMBER TO: \_\_\_\_\_ ELECTRICIAN \_\_\_\_\_ APPLICANT  
 FAX: \_\_\_\_\_

#### Application for Conversion to Natural Gas

**Please provide all information requested below to avoid returned applications.**

Please circle one: Mr. Mrs. Miss Ms. Dr. Pres.

Applicant/Business Name: \_\_\_\_\_

Principal Party: \_\_\_\_\_ Email Address: \_\_\_\_\_

Service Address (911): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Tax District: \_\_\_\_\_ School Tax District: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nearest Cross Road/Directions: \_\_\_\_\_

Current 10-digit O & R Account Number: \_\_\_\_\_

Is there any electrically operated life support equipment in this home? ) ☐ Yes ☐ No ☐ Don't know

If yes, please specify the type of equipment: \_\_\_\_\_

#### Gas Service Information

Pole Number (10 digits, Yellow and Black) \_\_\_\_\_ Number of Meters: \_\_\_\_\_

Gas Service (Please consult with your plumbing contractor): ☐ New ☐ Upgrade

Existing Fuel Type: ☐ Oil ☐ Propane ☐ Other: \_\_\_\_\_

Appliances converting to Natural Gas: \_\_\_\_\_

Total BTU for: Heating: \_\_\_\_\_ Hot Water: \_\_\_\_\_ Cooking: \_\_\_\_\_ Other: \_\_\_\_\_

Total BTU per Meter: \_\_\_\_\_

#### Proposed Service Entrance:



Front

O & R will conduct an initial inspection of the installation to verify compliance with its specifications for electrical installations. If the installation is not in compliance with its specifications, O & R will not initiate service and the Company may assess a re-inspection fee for any re-inspections of the installation.

Indicate electric and/or gas locations on sketch identified as "House". O & R reserves the right to determine meter/service locations. All meters shall be installed outdoors.

Issued By: Robert Sanchez, President, Pearl River, New York  
 (Name of Officer, Title, Address)

Suspended to 06/27/2021 by order in Case 21-G-0073. See Supplement No. 78. The supplement filing date was 02/26/2021.  
 Suspended to 12/27/2021 by order in Case 21-E-0074. See Supplement No. 47. The supplement filing date was 06/08/2021.  
 Suspended to 12/21/2021 by order in Case 21-G-0073. See Supplement No. 79. The supplement filing date was 06/08/2021.  
 Suspended to 12/27/2021 by order in Case 21-G-0073. See Supplement No. 79. The supplement filing date was 06/08/2021.  
 Suspended to 5/26/2022 by order in Case 21-G-0073. See Supplement No. 80. The supplement filing date was 12/01/2021.  
 Cancelled by supplement No. 81 effective 04/21/2022