Status: CANCELLED Received: 06/16/2017 Effective Date: 08/01/2017

PSC NO. 4 GAS LEAF: 90
ORANGE AND ROCKLAND UTILITIES, INC. REVISION: 2

INITIAL EFFECTIVE DATE: August 1, 2017 SUPERSEDING REVISION: 1

GENERAL INFORMATION

- 13. FORM OF APPLICATION FOR SERVICE (Cont'd.)
- 13.4 Application for Non-Residential Service (New/Upgrade)

| Cange & Rock | land | JOB NUMBER: | | |
|---|---|-----------------------|---------------|---|
| 84 5-577-3324 All Offices 390 West Route 59 Spring Valley, NY 10977 500 Route 208 Monroe, NY 10950 71 Dolson Ave. Middletown, NY 10940 | 84 5-5 77-33 19 Fax 84 5-783-5504 Fax 845-34 2-8939 Fax | SEND JOB NUMBER TO: | ELECTRICIAN _ | |
| Application for Non Reside | ential Service (N | lew/Upgrade) | | |
| Please provide all information reque | sted below to avoid r | eturned applications. | | |
| PROJECT INFORMATION | | | | |
| Project Name: | | | | |
| Project Address (must be valid 911a | ddress): | | | |
| Town: | | State: | Zip: | |
| Cross Street: | | | | |
| Property Tax District | School Tax District | | | |
| Contact Person: | Phone Number: | | | |
| Email Address: | | | | |
| BILLING INFORMATION | | | | |
| Corporation Name: | | | | |
| Please circle one: Mr. Mrs. N | Miss. Ms. Dr. | | | |
| Principal Party: | | Title: | | |
| Phone Number: | Email Address: | | | |
| Corporation Address: | | | | × |
| Town: | | State: | Zip: | |
| Tax ID Number or Social Security N | umber: | | | |
| | | | | |
| CONTRACTOR INFORMATION | | | | |
| General Contractor: | | | | |
| Phone Number: | Fax Number: | | | |
| Cell Phone Number: | En | nail Address: | | |
| Architect/Engineer: | | Phone Number: | | |
| Contact Name: | Email Address: | | | |

Issued By: <u>Timothy Cawley, President, Pearl River, New York</u> (Name of Officer, Title, Address)

Cancelled by 4 Rev. Leaf No. 90 Effective 05/01/2022