

PSC NO: 119 ELECTRICITY  
NEW YORK STATE ELECTRIC & GAS CORPORATION  
Initial Effective Date: 04/01/14

Leaf: 32  
Revision: 1  
Superseding Revision: 0

### GENERAL INFORMATION

2. I. Application for Service (Cont'd)  
Form for Application for Non-Residential Service (Cont'd).

#### Application For Non-Residential Electric & Gas Service (page 2 of 2) Electric Service and Equipment Information

\*\*If you are just changing the name on the account and not making any equipment changes in this facility,  
please check here \_\_\_\_\_ and go to the Gas Service section below.

##### Service Information

Item	Existing	New
Voltage		
Single or Three Phase Service *		
Building Size (sq. ft.):		
Service Size (Amps):		

\* Customer agrees to purchase NYSEG's electric service for at least ONE YEAR if it is Three Phase Service

Date Temporary Service Needed: \_\_\_\_\_

Date Permanent Service Needed: \_\_\_\_\_

##### Contact Information

Consultant: \_\_\_\_\_

Phone #: \_\_\_\_\_

Electrician: \_\_\_\_\_

Phone #: \_\_\_\_\_

##### Electric Equipment Information (please provide if known)

Load Information Equipment to be Installed	Connected kW	Annual kW
Lighting:		
Motors, Manufacturing Equip., etc. :		
Controlled Load:		
Space Heat:		
Air Conditioning:		
Other (ie: Refrigeration, cooking, etc)		
Totals:		

Existing High Demand(KW): \_\_\_\_\_ Summer  
\_\_\_\_\_ Winter

Estimated New High Demand(KW) \_\_\_\_\_ Summer  
\_\_\_\_\_ Winter

Largest Motor Size \_\_\_\_\_ Horsepower  
Welder Size \_\_\_\_\_ KVA

#### Gas Service and Equipment Information

\*\*If you are just changing the name on the account and not making any equipment changes in this facility,  
please check here \_\_\_\_\_ and go to the Statement of Understanding below.

##### Service Information (please provide if known)

Date Service Line is Needed: \_\_\_\_\_

Date Gas Meter is Needed \_\_\_\_\_

Equipment in Service Date \_\_\_\_\_

##### Load Information - New Load (please provide if known)

Load Information	Input BTUH
Heating Equipment:	
Hot Water:	
Cooking Equipment:	
Other:	
Totals:	

##### Contact Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Building Size: \_\_\_\_\_ Existing Sq. Feet  
\_\_\_\_\_ New Sq. Feet

Requested Delivery Pressure: \_\_\_\_\_

Future Load? (if yes, please explain below)

\_\_\_\_\_

\_\_\_\_\_

#### Statement of Understanding

Electric and/or gas service supplied under this application will be taken and paid for by the undersigned in accordance with the rules and regulations and at the rates contained in the Company's tariffs and schedules as filed from time to time with the Public Service Commission of the State of New York.

Print Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Affiliation to Name or Business On \_\_\_\_\_ Owner \_\_\_\_\_ Corporate Officer \_\_\_\_\_ Other (Explain) \_\_\_\_\_  
Account Named On Page One: \_\_\_\_\_ Partner \_\_\_\_\_ Agent \_\_\_\_\_

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Issued by: James A. Lahtinen, Vice President – Rates & Regulatory Economics, Binghamton, NY