



NON-RESIDENTIAL SERVICE AGREEMENT

An equal opportunity employer

89 East Avenue | Rochester, NY 14649
 tel (800) RGE-2110 | fax (585) 724-8811

www.rge.com

INSTRUCTIONS: Applicants, complete the following sections of this form: Information, Service Location, Service Type Requested, and Signature sections. This information is required as a condition of obtaining service from RG&E. If this application is for more than one service location, then please provide a separate signed list of additional service addresses requested.

INFORMATION (Completed by Applicant)			
Account Name:		Suite / Store #:	
Service Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Day Phone #:	Evening Phone #	Fax #:	
Address of Prior / Existing RG&E Service Using Same Account Name:		City:	State: Zip:
Primary Contact Person:		Phone # (if different):	

For Partnerships & DBAs, enclose a copy of the filed DBA or Partnership papers: <input type="checkbox"/> Required <input type="checkbox"/> Not required (on file)		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> DBA (specify name)		
Name:	Social Security #:	Employer Tax ID #:
Home Address:		
Name:	Social Security #:	Employer Tax ID #:
Home Address:		

For Corporations, enclose a copy of the certificate of incorporation, which lists principal officers: <input type="checkbox"/> Required <input type="checkbox"/> Not required (on file)
Employer Tax ID #:

Tax Exempt Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Exempt <input type="checkbox"/> Partial Exempt. If partial or exempt, enclose a copy of exemption certificate

SERVICE LOCATION INFORMATION (Completed by Applicant)	Additional Protections may be available under Part 11 of 16 NYCRR for residential uses.
If residential, specify the number of residential units:	
Do you control access to the meter? <input type="checkbox"/> Yes <input type="checkbox"/> No. List name, address, and phone number of the person controlling access below:	
Name:	Phone:
Address:	City: State: Zip:
Will this service be used exclusively for religious purposes by a religious corporation or association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this service be used by a post or hall owned or leased by a not-for-profit corporation that is a veterans' organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this service be used exclusively by a not-for-profit corporation in a community residence for the mentally disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SERVICE TYPE REQUESTED (Completed by Applicant)	
The questions that follow are designed to assist RG&E in placing you on the proper and most beneficial service classification. The information you supply will be used to determine your service classification. A complete description of all service classifications and their terms are listed in RG&E's Gas and Electric Tariffs, which are available for inspection at any RG&E office as well as on RG&E's website (www.rge.com).	
<input type="checkbox"/> ELECTRIC SERVICE Will consumption be similar to prior customer?	Requested Effective Date: _____ <input type="checkbox"/> Yes, same service classification as prior. <input type="checkbox"/> No. Has Electric Service Request Form been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact RG&E Marketing and Sales Department at (585) 771-6040 for an Electric Service Request Form.
<input type="checkbox"/> AREA LIGHTING	
<input type="checkbox"/> GAS SERVICE Will consumption be similar to prior customer?	Requested Effective Date: _____ <input type="checkbox"/> Yes, same service classification as prior. <input type="checkbox"/> No. Has Gas Service Request Form been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact RG&E Marketing and Sales Department at (585) 771-6040 for a Gas Service Request Form.
<input type="checkbox"/> OTHER SERVICE	Requested Effective Date: _____
<input type="checkbox"/> Facility Relocation (Describe) _____	
<input type="checkbox"/> Disconnect / Reconnect	
<input type="checkbox"/> Other (specify) _____	



CONNECTION / OTHER CHARGES (Completed by RG&E)

Electric Connection Charge	\$ _____	
Gas Connection Charge	\$ _____	
Other Service Charge	\$ _____	
Sales Tax @ __0__%	\$ _____	
TOTAL	\$ _____	Attach payment with application

Remarks _____

DEPOSIT REQUEST (Completed by RG&E)

INSTRUCTIONS: RG&E completes this section to determine deposit requirement.

Is a deposit required? Yes, in the amount \$ _____ Attach payment with this application.

No, (Specify reason) _____

RG&E will also accept deposit alternatives, such as a bank irrevocable letter of credit or a surety bond. The terms and conditions upon which consumer's deposits are collected, held, and refunded are explained in RG&E's Tariffs and a brochure explaining customer's rights and responsibilities. (See attachment for RG&E's Deposit Policy)

SERVICE CLASSIFICATION (Completed by RG&E)

Service will be billed under the Account(s) and Service Classification (SC) Number(s) listed below. If different service addresses, then complete and sign the attached Blanket Addendum.

Service Type = (E)lectric or (G)as Class = Service Classification (e.g., 1, 2, 3, etc.) Price Option = (F)ixed Price, (V)ariable Price, or (E)SCO Price

Effective Date	Account #	Service Address	Meter #	Service Type/Class	Price Option (F, V, or E)

REMARKS / SPECIAL CONDITIONS (Completed by RG&E)

SIGNATURE (Completed by Applicant)

APPLICANT: I have accurately completed this application to the best of my knowledge and ability. I agree to comply with all the applicable provisions of RG&E's Tariffs and agree to pay for the charges under the appropriate service classification(s) as determined by this application.

By signing below, I am accepting responsibility for all usage on the meter assigned to the stated address. For multi-metered buildings, RG&E recommends that I verify the accuracy of the wiring connected to my electric meter through a licensed electrician; and/or that I verify the accuracy of the gas fuel line piping through a qualified heating/plumbing contractor.

Applicant Name (Print)	_____	Date	_____
Applicant Title	_____		
Applicant Signature	_____		
RG&E Name (Print)	_____	Date	_____
RG&E Signature	_____		