

CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

RIDER H (Distributed Generation Rate) – Facility Information Form

FOR OFFICE USE ONLY: _____ - _____ - _____ - _____ - _____

PART A. ACCOUNT INFORMATION

(a) **ACCOUNT NAME:** List the name of the person or business (corporation) who owns or leases the premises where service is used and who is responsible for the account.

Name _____
Name of Business _____

(b) **ACCOUNT ADDRESS:** Please enter the address where you want to receive service(s).

Address _____ Room/Floor/Office #/Apt # _____
Town/City _____ State _____ Zip _____

(c) **TELEPHONE NUMBER:** What is your telephone number? _____

Is there another telephone number or pager number where we can reach you? _____

Fax No. _____ E-mail Address _____

(d) **ACCESS TO METERS:** If you do not control access to the meter(s), enter the name, address and telephone number of the person who can provide access.

Name _____ Telephone No. _____
Address _____ Room/Floor/Office #/Apt # _____
Town/City _____ State _____ Zip _____

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Attention: Upon acceptance of a completed Facility Information Form, the Con Edison Representative must immediately fill in the information requested below and forward electronic copies via email to:

Rider H Public Folder (CCG_DB)

Alan Schain (schaina@coned.com)

Jeff Patton (pattonj@coned.com)

Con Edison Rep. accepting this application (Print Name) _____

Existing Account Number (if applicable) _____

Turn on date for DG unit (new installations only) _____

Date completed application was received by Con Edison Rep. (existing installations) _____

SBLI Code for billing purposes based on DG Rated Capacity (check one):

SBLI Code 6100 (0.25 MW or less)

SBLI Code 6200 (Greater than 0.25 MW but less than or equal to 1.0 MW)

SBLI Code 6300 (Greater than 1.0 MW but less than or equal to 3.0 MW)

SBLI Code 6400 (Greater than 3.0 MW but less than 5.0 MW)

SBLI Code 6000 (5.0 MW or greater)

DG Equipment Type (check one): Microturbine Fuel Cell Reciprocating Engine Other

Deposit Required: Yes No

Amount of Deposit Assessed \$ _____

Estimated Cost of Metering \$ _____

Costs of Excess Distribution Facilities \$ _____

Remarks: _____

Dedicated Telephone Line No. (Rate II customers): _____

Con Edison Rep. Signature _____ Date _____