CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

RIDER H (Distributed Generation Rate) – Facility Information Form

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 when	e you want to receive	service(s).
Address	Room/Floor/Office #	#/Apt #
Town/City	State	Zip

(c) TELEPHONE NUMBER: What is your te	lephone number?
Is there another telephone number or pager nu	imber where we can reach you?
Fax No.	E-mail Address
T dx INU.	

(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

CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

RIDER H (Distributed Generation Rate) – Facility Information Form

PART B. FACILITY INFORMATION (Per Unit): This information is to be completed, signed, and stamped by a Professional Engineer retained by the Customer. Customers with more than one DG unit must attach a completed Facility Information section of this form for each unit. Part B.6 can be completed only once for all DG units serving the account.
1. DISTRIBUTED GENERATION EQUIPMENT INFORMATION: Equipment type Manufacturer Model No Manufacturer's Name Plate Rated Capacity kW Is the DG unit currently in operation? [] Yes [] No If "Yes" Initial Operation Date / If "No" Expected Installation Date/
 ESTIMATED ANNUAL GAS USAGE: For newly installed units, the first year commences after a three- month start-up phase for purposes of estimating annual gas usage. Annual Gas Usage therms per year
 WINTER USAGE: Estimated total usage for the period November 1 through March 31. Winter Gas Usage therms
 WINTER PEAK DAY GAS USAGE: The highest estimated daily gas usage for the period November 1 through March 31. Winter Peak Daily Usage therms
 Summer Usage: Estimated total usage for the period April 1 through October 31. Summer Usage therms
 CONTRACT DEMAND: (Required if Manufacturer's name plate rated capacity of the DG equipment(s) serving the account in total is 5 MW or greater) The highest one-hour gas usage expected over a twelve-month period. For newly installed units, the contract demand is based on the twelve months after a three-month start-up phase. Contract Demand Usage therms Total Number of Units
Professional Engineer Information:
Seal Here: Name (Print)
License No
Signed
Date

PART C. SIGNATURE

Γ

To the best of my knowledge, the information provided here is accurate and no attempt has been made to misrepresent the facts.

Application submitted by:	Affiliation to person responsible for account:
Print Name	[] Owner [] Partner [] Same
Position/Title	[] Corporate Officer [] Agent*
Full Signature	[] Other(Explain)
*Attach notarized authorization from customer.	

CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.

RIDER H (Distributed Generation Rate) – Facility Information Form

FOR COMPANY USE ONLY 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