

Please Complete and E-mail the Below Affidavit to Con Edison at EM-Affidavits@coned.com

**CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.
CUSTOMER'S AFFIDAVIT FOR SERVICE CLASSIFICATION NOS. 9 AND 12**

YOU MUST SUBMIT THIS AFFIDAVIT BY OCTOBER 1ST WITH ALL THE REQUIRED INFORMATION INCLUDING THE NAME AND EMAIL CONTACT INFORMATION FOR YOUR ALTERNATE FUEL SUPPLIER. IF YOU DO NOT RETURN THE AFFIDAVIT WITH THE REQUIRED INFORMATION YOU WILL NOT BE ELIGIBLE FOR THE INTERRUPTIBLE OR OFF-PEAK FIRM RATE UNDER SC 9 AND SC12

_____ (hereafter "Customer"), by its officer, principal or partner or, for the Alternate Fuel/Energy Source Option only, by a person authorized to bind Customer, intends to receive or is receiving service from Consolidated Edison Company of New York, Inc. ("Con Edison" or the "Company") under Service Classification Nos. 9 or 12 (SC 9/SC 12) of its Schedule for Gas Service, P.S.C. No. 9 – GAS (the "Schedule") and submits the following affidavit to Con Edison:

STATE OF NEW YORK, CITY OF _____

Customer's Name: _____

Customer's Service Address: _____

Account Number: _____

Customer attests that:

(Please select one of the following two options, but note that availability of each option is subject to applicable eligibility requirements.)

ALTERNATE FUEL/ENERGY SOURCE OPTION

1. Customer's type of alternate fuel/alternate energy source is (check as appropriate):

Diesel: _____ Kerosene: _____ Propane: _____ No. 2 Fuel Oil: _____
No. 4 Fuel Oil: _____ No. 6 Fuel Oil: _____ Electricity: _____
Other: _____ (specify)

There is in place one or more executed contract(s) with one or more suppliers for diesel, kerosene, propane, No. 2 fuel oil, No. 4 fuel oil, and/or No. 6 fuel oil to provide for the delivery of such alternate fuel during the Winter Season (i.e., November 1 – March 31) in quantities sufficient to meet Con Edison's reserve requirement in accordance with SC 9 and SC 12 and Con Edison's Gas Sales and Transportation Operating Procedures Manual ("GTOP"). Customer understands that the alternate fuel requirement is:

- Ten (10) days of supply for Interruptible or Off-Peak Firm Notification Customers based on Customer's peak Winter Season requirements. Such alternate fuel is available to Customer during the Winter Season on an as-needed basis.
- Seven (7) days of supply for existing Interruptible Temperature Control Customers based on Customer's peak Winter Season requirements. Such alternate fuel is available to Customer during the Winter Season on an as-needed basis.

2. (a) Customer has the following on-site storage facilities for its alternate fuel (insert "N/A" if not applicable):

Number of storage tanks on site: _____

Total number of gallons of storage capacity: _____

Total estimated peak days of storage: _____.

(b) (Please check one): Customer () is OR () is not a "New Customer" (a "New Customer" for this purpose is one who commenced Interruptible or Off-Peak Firm service on or after 1/1/01).

New Customers must have a minimum of three (3) peak days of on-site storage.

3. Customer will maintain operable alternate fuel or alternate energy source equipment, as required by SC 9 and SC 12.

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4. Customer understands that it is subject to the penalties, charges and other consequences, including termination of service, as set forth in SC 9 or 12, as applicable, of the Company's Schedule, for failure to meet the Company's alternate fuel requirements and/or cease using gas as required.
5. I have read and understand all of Customer's obligations under SC 9 and SC 12, as applicable, including that Customer is responsible for replenishing its alternate fuel storage throughout the Winter Season as necessary to meet Customer's total fuel obligations whenever and so long as service is interrupted under SC 9 and SC 12, as applicable.
6. Customer understands that it is required to provide the name and email contact information for its Alternate Fuel Supplier and that if this information is not provided customer is in violation of the Company's Gas Tariff under SC 9 and SC 12 and will no longer be eligible for the Interruptible or Off-Peak Firm Rate.

Alternate Fuel Supplier Name: _____

Alternate Fuel Supplier Email Address: _____

OPERATIONAL SHUT-DOWN OPTION (an Officer, Principal or Partner must Sign)

1. Customer is a process load customer (as that term is defined in SC 9 and SC 12 and in the GTOP) whose operations Customer can timely shut down in response to a called interruption.
2. Customer is NOT a school or human needs customer (as the latter term is defined in SC 9 and SC 12) or an electric generator.
3. In accordance with the New York Public Service Commission's May 23, 2012 *Order Directing Certain Utilities to Submit Tariff Amendments* in Case 11-G-0543, Customer will, in lieu of the requirement to maintain a full alternate fuel supply during the Winter Season: (1) shut down its operations for the duration of any and all called interruptions; and (2) continue to comply with all other interruptible provisions described in Con Edison's Schedule.
4. Customer understands and acknowledges that it is subject to penalties, charges and other consequences as set forth in SC 9 or 12, as applicable, of the Company's Schedule for failing to shut down operations during a called interruption including but not limited to the Company taking steps, at Customer's expense, to physically terminate gas service to Customer's premises without prior notice in the event of Customer's failure to cease using gas as required.

Customer elects:

1. _____ **Alternate Fuel/Energy Source Option**

Or

2. _____ **Operational Shut-Down Option (You must meet the eligibility requirements and an Officer, Principal or Partner Must Sign)**

Customer's Name: _____

By: Officer, Principal, Partner, or Authorized Person {Signature}:

Title: _____

Date: _____

Subscribed and sworn before me this ___ day of _____, 20__

Notary Public

[Affix Notary's Stamp]

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