



Customer Name: _____

Customer Company Name (if applicable): _____

Customer Address: _____

City, State, Zip Code: _____

Account Number or Meter Number: _____

Date (MM/DD/YYYY): _____

ATTN:

SmartCharge Commercial Team

Consolidated Edison Company of New York

4 Irving Place, New York, NY 10003

Re: Application & Data Management Form – Consolidated Edison Company of New York, Inc. (“Con Edison”) SmartCharge Commercial Program (the “Program”)

To Whom It May Concern:

I, _____, hereby authorize _____
Customer Name and Company Name (if applicable) Developer/Contractor/Consultant Name & Company Name

(hereinafter referred to as “Authorized Agent”) to act on my behalf on all matters pertaining to the application process and ongoing program requirements of the SmartCharge Commercial Program (the “Program”).

I acknowledge that I am the legal owner of the electric vehicle (EV) chargers at the property located at

EV Charging Station Site Address

I understand that by granting this authorization, I am allowing the Authorized Agent to act as my representative and submit all the necessary documents and information to Con Edison for the Program.



Although the Authorized Agent will bear the responsibility for completing the application and meeting the ongoing requirements of the Program, I acknowledge that I will be the recipient of all incentive payments from Con Edison for the project. Therefore, I am responsible for complying with the terms of the Program Agreement. Con Edison will notify me of the outcome of the application. This authorization is valid until I revoke it in writing.

If you have any questions, I can be reached at _____.
Phone Number

Sincerely,

Print Name

Date (MM/DD/YYYY)

Signature