



Customer Name: \_\_\_\_\_  
Customer Company Name (if applicable): \_\_\_\_\_  
Customer Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Account Number or Meter Number: \_\_\_\_\_  
Date (MM/DD/YYYY): \_\_\_\_\_

**ATTENTION:**

SmartCharge Commercial Team  
Consolidated Edison Company of New York, Inc.  
4 Irving Place, 2<sup>nd</sup> Floor  
New York, NY 10003

Re: Incentive Authorization Form – Consolidated Edison Company of New York, Inc. (“Con Edison”) SmartCharge Commercial Program (the “Program”)

To Whom It May Concern:

I, \_\_\_\_\_, (the “Authorizing Party”) acknowledge that I am a Con Edison  
Customer Name and Company Name (if applicable)  
customer and the legal owner of the electric vehicle (EV) chargers at the property located at  
\_\_\_\_\_  
EV Charging Station Site Address  
(the “EV Charger Station Site”) and that I am eligible for incentive  
payments under the Program (the “Incentive Payments”), subject to the terms and conditions of the  
Program.

I hereby authorize \_\_\_\_\_ (the “Authorized Agent”) to act on my behalf  
Developer/Contractor/Consultant Name & Company Name  
on all matters pertaining to the application process and ongoing requirements of the Program. I  
understand that by granting this authorization, I am allowing the Authorized Agent to act as my  
representative by submitting all the necessary documents and information to Con Edison and meeting  
all the requirements of the Program.



By signing this Customer Letter of Authorization, I, the Authorizing Party, agrees as follows:

1 – The Authorized Agent will bear the responsibility for completing the Program application and meeting the ongoing requirements of the Program.

2 – The Authorized Agent will be the recipient of all or a portion of the Incentive Payments from Con Edison for the EV Charger Station Site enrolled in the Program. I acknowledge that this Customer Letter of Authorization applies solely to the Program and to no other program. Con Edison will notify me of the outcome of the Program application and will keep me informed of all payments issued to the Authorized Agent. This Customer Letter of Authorization relates solely to the Authorizing Party authorizing Con Edison to provide the Incentive Payments to the Authorized Agent. No other terms and conditions governing the participation of the Authorizing Party in the Program are changed by this Customer Letter of Authorization. This authorization is valid until I revoke it in writing.

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

Sincerely,

\_\_\_\_\_  
Customer Name and  
Company Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Party Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature