



**PSEG** LONG  
ISLAND

**RESIDENTIAL APPLICATION & CONTRACT**

| CY. | DIST. | RT. | FOLIO | S. |
|-----|-------|-----|-------|----|
|     |       |     |       |    |

☐ RATE CODE ELECTRIC \_\_\_\_\_

**APPLICANT'S FULL NAME**

LAST FIRST MIDDLE

**SERVICE ADDRESS**

NUMBER STREET APT. NO.

**NY**

NEAREST CROSS STREET VILLAGE ZIP

PREMISES OCCUPIED AS STARTING ON DATE ☐ OWN ☐ RENT

TELEPHONE ☐ HOME ☐ OTHER SS# EMAIL

FORMER ADDRESS NUMBER OF YEARS HERE

FORMER ACCOUNT #

EMPLOYED BY

ADDRESS

OCCUPATION TELEPHONE

NUMBER OF YEARS HERE

THE APPLICANT AGREES THAT HE OR SHE WILL PAY THE APPLICABLE RATES AND CHARGES FOR THE ELECTRIC SERVICE HEREIN REQUESTED AND TO BE BOUND BY AND COMPLY WITH THE RULES AND REGULATIONS OF THE COMPANY

APPLICABLE THERETO. PSEG Long Island LLC and its operating subsidiary have been appointed as agent by the Long Island Power Authority to provide the day-to-day management and operations services of its electric utility system.

SIGNATURE OF APPLICANT/AGENT DATE AGENT – ALSO *PRINT* YOUR NAME ON LINE DATE

|                                 |                                      |  |                |                     |           |                 |      |
|---------------------------------|--------------------------------------|--|----------------|---------------------|-----------|-----------------|------|
| <input type="checkbox"/> CUT ON | <input type="checkbox"/> CHANGE RATE | <input type="checkbox"/> NEW JOB NO. _____ | DEPOSIT AMOUNT | DEPOSIT RECEIPT NO. | DATE PAID | COMPANY ACCEPT. | DATE |
|---------------------------------|--------------------------------------|--|----------------|---------------------|-----------|-----------------|------|