



**New York State Public Service Commission
Office of Consumer Services**



Submetering Identification Form

Name of Entity			Corporate Address		
City	State	Zip	Web Site		
Phone			Utility Account Number		
Chief Executive			Account Holder Name		
Phone			E-mail		
DPS Case Number:					

Primary Regulatory Complaint Contact

Secondary Regulatory Complaint Contact

Name			Name		
Phone			Phone		
Fax			Fax		
E-mail			E-mail		
Address			Address		
City	State	Zip	City	State	Zip

We do not send complaints to personal e-mail addresses. A shared e-mail address must be provided or the transmission will default to the fax number listed above. Please enter the e-mail address, if any, to which we should send complaints: _____

Name of Property			Address		
City	State	Zip			
Electric Heat? Y / N			Electric Hot Water? Y / N		
# Units Occupied by: Sr. Citizens Disabled			Total # of Units		
Rent Stabilized	# Rent Controlled		# Rent-Regulated		# Market Rate
# Low Income	# Section 8		# Landlord Assist Program		# Other
Submeter / Billing Agent			Address		
City	State	Zip			
Contact Name		Contact Phone	Contact Fax		

Please return this form with 5 days to:

Mr. Jeffrey C. Cohen, Acting Secretary to the Commission
 NYS Public Service Commission
 3 Empire State Plaza
 Albany, NY 12223
 E-mail: secretary@dps.ny.gov

(Rev. 12/27/2012)

Changes in contact information should be submitted within 5 days of any personnel change.