



SHARED METER COMPLAINT INFORMATION FORM

1 Do you have an existing 6-Digit DPS Case #? YES NO If Yes, DPS Case #

2 Customer Information OWNER TENANT THIRD PARTY First Name Last Name Shared Meter Address Apartment/Unit # City State New York Zip Code Phone

3 Contact Information First Name Last Name Business Name Mailing Address City State Zip Code Phone

4 Utility Name (Choose 1 - If you have more than one utility, please fill out a separate form for each) Central Hudson Gas & Electric Corp. Con Edison of NY National Fuel Gas Distribution National Grid - Long Island (Nassau/Suffolk) National Grid - Metro NY (Brooklyn/Queens/Staten Island) National Grid - Upstate New York State Electric & Gas Corp. Orange & Rockland PSEG - Long Island Rochester Gas & Electric Corp. Other Utility Account Number

REHEARING PETITION FORM

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This section may ONLY be used after you have received a written determination, either from the Commission's Designee (All utilities except for PSEG-LI) or from the Long Island Power Authority with the DPS Long Island recommendation (only PSEG-LI). Within your written explanation, you MUST explain why the determination you have received is incorrect and is not in compliance with Public Service Law Section 52. Your written petition must be specific as to which section(s) of the law were not followed, and you must provide any new evidence in writing to support your rehearing request. Please refer to the instructions on the written determination cover letter and the instructions on how to submit your written request for rehearing.

Are you seeking a Shared Meter Rehearing
on a Designee or LIPA written
Determination? YES
 NO

If yes, please provide your written explanation below (**REQUIRED**).

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HOW TO SUBMIT YOUR REHEARING PETITION

You must file your request including a completed SHARED METER COMPLAINT INFORMATION FORM and REHEARING PETITION FORM **within 30 days** of the Designee's or LIPA's Written Determination to:

IMPORTANT NOTICE: Due to COVID-19 restrictions, please provide your written complaint either via email or fax at this time.

• **PSEG customers:**

Email: dps.sm.Fax.LongIsland@dps.ny.gov (Attachment name: lastname_date.pdf)

Fax: (516) 490-2378

Department of Public Service - Long Island

Office of Consumer Services (OCS)

125 East Bethpage Road

Plainview, NY 11803

• **All other Electric & Gas customers:**

Email: secretary@dps.ny.gov (Attachment name: lastname_date.pdf)

Fax: (518) 474-9842

Department of Public Service-Secretary to the Commission

3 Empire State Plaza-14th Floor

Albany, NY 12223

Any requests for a shared meter rehearing will be rejected as untimely if the request is not received by the appropriate email, fax or address provided above within 30 days of the date on the Designee's or LIPA's written Determination.