



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. [ ] National Grid - Upstate [ ] Con Edison of NY [ ] New York State Electric & Gas Corp. [ ] National Fuel Gas Distribution [ ] Orange & Rockland [ ] National Grid - Long Island (Nassau/Suffolk) [ ] PSEG - Long Island [ ] National Grid - Metro NY (Brooklyn/Queens/Staten Island) [ ] Rochester Gas & Electric Corp. [ ] Other \_\_\_\_\_ Utility Account Number \_\_\_\_\_

# FORM A

## TO DISPUTE THE EXISTENCE OF A SHARED METER

If you are disputing that a shared electric or gas meter condition existed at any time, complete this section. Check yes, then in the area designated for you to provide your written explanation, please elaborate on why you believe the Utility's inspection and determination was in error and why a shared electric or gas meter condition never existed. Alternately, if you have made corrections to an electric or gas shared meter condition, you may submit your electrician's or plumber's report to our office; however, this documentation must also be submitted by you directly to the Utility. Please do so, and follow up by phone to your Utility's Shared Meter Unit for an appointment for reinspection of your corrections.

Are you disputing the Utility's  
determination that a shared meter exists?

YES

NO

If yes, please provide your written statement below (**REQUIRED**):

# FORM B

## TO DISPUTE THE UTILITY'S ESTIMATE OF SHARED USAGE

If you are disputing the Utility's determination of the estimated monthly shared electric (kWh) or gas (ccf) usage, please complete this section. Check yes, then in the area designated for you to provide your written explanation, please elaborate on why you believe the Utility's estimation is either too low or too high.

Are you disputing the amount of  
shared usage (kWh or ccf) as  
determined by the utility?

YES

NO

If yes, please provide your written statement below **(REQUIRED)**:

# FORM C

## TO DISPUTE BILLING OF SHARED METER CHARGES, TWELVE-MONTH ASSESSMENT, OR TO SEEK COMPENSATION FOR A MINIMAL SHARED METER CONDITION

This section may be used for multiple billing issues, including but not limited to those listed in the section below. In your written explanation, you should specify your request in the matters selected as per Public Service Law Section 52 (Shared Meter Law). A copy of this law can be found at <https://www.nysenate.gov/legislation/laws/PBS/52>. For example, to dispute the shared meter charges and twelve-month assessment, your written explanation should include why you believe these charges do not apply to the circumstance and why you believe the charges are excessive and should be reduced. If you are requesting a remedy because the opposite party is not willing to enter into an agreement for a minimal condition, you should state what actions you have taken to request such agreement and what the opposite party's response was. If you are seeking an extension on the 120 day period, your request **MUST** be submitted to the appropriate office within a reasonable period **PRIOR** to the expiration of the 120 day period outlined in the Utility's determination letter along with your reason for request.

Are you seeking review of the Utility's  
billing by the Commission's Designee or  
DPS (PSEG/LIPA)?

- Shared Meter Charges \$\_\_\_\_\_
- Twelve-Month Assessment \$\_\_\_\_\_
- Bills Rendered on Shared Meter in Owner's name
- Third Party Billing \$\_\_\_\_\_
- Owner seeks remedy on Minimal Shared Meter
- Owner seeking extension on 120 day period

Please provide your written statement below (**REQUIRED**):

C

# HOW TO SUBMIT YOUR DPS SHARED METER COMPLAINT

## ***IF YOU HAVE COMPLETED FORMS A OR B:***

You must submit the completed SHARED METER COMPLAINT INFORMATION FORM and FORM A OR B **within 45 days** of the utility's written determination and 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](mailto: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:** [ocs.shared.meter@dps.ny.gov](mailto:ocs.shared.meter@dps.ny.gov) (Attachment name: lastname\_date.pdf)

**Fax:** (518) 322-4916

Department of Public Service-Office of Consumer Services (OCS)

3 Empire State Plaza-4<sup>th</sup> Floor

Albany, NY 12223

**Any complaint objecting to the utility's determination that a shared meter exists or does not exist will be rejected as untimely if the complaint is not received by the Office of Consumer Services at the email, fax or address provided above within 45 days of the date on the utility determination letter.**

# HOW TO SUBMIT YOUR DPS SHARED METER COMPLAINT

## ***IF YOU HAVE COMPLETED FORM C:***

You must submit the completed SHARED METER COMPLAINT INFORMATION FORM and FORM C within 45 days of the utility's billing letter 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](mailto: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:** [ocs.shared.meter@dps.ny.gov](mailto:ocs.shared.meter@dps.ny.gov) (Attachment name: lastname\_date.pdf)

**Fax:** (518) 322-4916

Department of Public Service-Commission's Designee  
3 Empire State Plaza-4<sup>th</sup> Floor  
Albany, NY 12223

**Any requests for a reduction of the 12-month assessment, or for adjustments of the shared meter usage charges will be rejected as untimely if the complaint is not received by the Designee or the Office of Consumer Services at the email, fax, or address provided above within 45 days of the date on the utility billing letter.**