



Submeterer Identification Form

Updates to the Submeterer Identification Form should be submitted within ten days of any change to the information provided herein and submitted to: Secretary@dps.ny.gov in a searchable PDF format, under the Commission Case number of the approved order issued.

Date: _____ DPS Case Number: _____

Submeterer Information

Service Address of Submetered Property Building Name: _____
Street: _____ City: _____ NY Zip Code: _____

Building Owner/Account Holder Name: _____

Mailing Address Street: _____ City: _____ State: ____ Zip Code: _____
Telephone: _____ E-mail: _____ Website: _____

Property Management Name: _____

Address Street: _____ City: _____ State: ____ Zip Code: _____
Telephone: _____ E-mail: _____ Website: _____

Billing Agent Name: _____

Address Street: _____ City: _____ State: ____ Zip Code: _____
Telephone: _____ E-mail: _____ Website: _____

Occupancy Date:	Yes/No	Number of Units	Total Number of Residential Electric Submetered Units:
Building Type			
Electric Heat:			Building fuel source for unit heating:
Rental:			
Condominium:			
Cooperative:			
Market Rate:			
Income Based Housing:			Agency Administrator of Assistance:

Primary Regulatory Complaint Contact Name: _____

Address Street: _____ City: _____ State: ____ Zip Code: _____
Telephone: _____ E-mail: _____ Website: _____

Secondary Regulatory Complaint Contact Name: _____

Address Street: _____ City: _____ State: ____ Zip Code: _____
Telephone: _____ E-mail: _____ Website: _____