

Customer Name: _____
Customer Company Name (if Applicable): _____
Customer Address: _____
City, State Zip Code: _____
Account Number: _____
Date (include Month, Day, Year): _____

Attn:
Energy Services
Consolidated Edison Company of NY
4 Irving Place
New York, NY 10003

To Whom It May Concern:

I _____, authorize my contractor
Print Customer Name & Company Name (If Applicable)

_____ to act on my behalf on all matters
Print Installer Name & Installer Company Name

pertaining to the installation of the _____ Distributed Generation project to be installed
Size in KW

at my property at _____.
Address of Installation, City, NY Zip code

If you have any questions, I can be reached at _____.
Phone #

Sincerely,

Signature

Date

Print Name