



## Claim Form – Long Island City Network – July 2006 Outage

Residents or businesses that were affected by the July 2006 Outage in the Long Island City Network, are eligible to receive compensation in the following amount:

Residential - \$100

Commercial - \$200 or \$350 (based on service classification)

**CURRENT CON EDISON ELECTRIC CUSTOMERS, STILL AT THE SAME ADDRESS IN THE LONG ISLAND CITY NETWORK AS IN JULY 2006, SHOULD NOT FILE A CLAIM. A CREDIT WILL AUTOMATICALLY BE APPLIED TO YOUR ACCOUNT BY SEPTEMBER 19, 2008.**

- You must file a claim to receive compensation, if you lived or your business was located in the Long Island City Network and were affected by the July 2006 Outage, and:
  - You moved to a new address, or
  - Electric service was included in your rent and you did not receive a separate bill from Con Edison, or
  - You have not received a direct payment from Con Edison.
- Claims must include:
  - Proof of identity (for example: a copy of your driver’s license, passport, or alien registration card)
  - Proof of business ownership (if applicable)
  - Proof that you lived or your business was located in the Long Island City Network during the July 2006 Outage (For example: a copy of a telephone or cable television bill, bank or credit card statement, lease, tax return, or W-2 form, showing your name and address.)  
Please remove any bank account, credit card account, or social security numbers from the document.
- Claims without the required proof will not be processed.
- Claims are limited to one payment per residence or business affected by the July 2006 Outage.

Name: \_\_\_\_\_  Mr.  Ms.  
*(PLEASE PRINT CLEARLY – INCLUDE NAME OF BUSINESS)*

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Con Edison Account Number (Current or previous, if available):

*(15 DIGIT NUMBER LISTED ON YOUR BILL – NOT APPLICABLE IF YOU DO NOT RECEIVE A CON EDISON BILL)*

PREVIOUS ADDRESS IN THE LONG ISLAND CITY NETWORK (REQUIRED):  Residential  Commercial

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please allow 60 days for review and processing of your claim.

All of the information provided on this claim form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(SIGNATURE — UNSIGNED CLAIM FORMS WILL NOT BE PROCESSED)

\_\_\_\_\_  
(DATE)

**SIGN AND RETURN FORM AND COPIES OF REQUIRED PROOF TO:**

**CON EDISON CLAIMS DEPARTMENT  
PO BOX 808  
NEW YORK, NY 10276**

**OR FAX TO:**

**(212) 780-3809**