



## Residential Claim for Food Spoilage

If you experienced a power outage that caused food in your household to spoil, you may submit a request for reimbursement for the actual value of the lost food up to a maximum of \$350. Claims up to \$150 must include an itemized list of spoiled items. Claims over \$150 must include an itemized list and proof of loss\*. The outage must have resulted from a failure in Con Edison's local distribution system and must have lasted for more than 12 hours within a 24-hour period. Con Edison's tariff liability is limited to actual food losses and excludes damage to motors, equipment, or appliances. Reimbursement is subject to reasonable verification and is governed by the rules stated in Con Edison's electric tariff.

Claims must be filed within 30 days of the date of the power outage.

**INSTRUCTIONS:** Please complete all statements on this form, sign, and return to Con Edison. Print or type all entries. Keep a copy of the completed form for your records. Allow 30 days for review and processing of your claim.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(INCLUDE COMPLETE MAILING ADDRESS AND APARTMENT NUMBER)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(IF WE HAVE QUESTIONS ABOUT YOUR CLAIM OR NEED MORE INFORMATION, WE WILL CONTACT YOU AT THIS NUMBER.)

Con Edison Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(15 DIGIT NUMBER LISTED ON YOUR BILL – NOT APPLICABLE IF YOU DO NOT RECEIVE A CON EDISON BILL)

Date(s) of Outage: from \_\_\_\_\_ / \_\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_\_  
MONTH / DAY / YEAR AM / PM MONTH / DAY / YEAR AM / PM

Itemized list of food(s) spoiled:

(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

	TYPE OF FOOD	QUANTITY (POUNDS, OUNCES, DOZEN)	COST
1			
2			
3			
4			
5			

Total Amount of Loss: \$ \_\_\_\_\_ . \_\_\_\_\_  
(DOLLARS / CENTS)

Up to \$150 — include itemized list  
Over \$150 — include itemized list and proof of loss\*

\* Examples of acceptable proof of loss include cash register tapes, store or credit card receipts, cancelled checks, clean identifying price labels or UPC bar codes from merchandise, and photographs of spoiled items.

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

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

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

<b>SIGN AND RETURN FORM TO:</b>	<b>CON EDISON CLAIMS DEPARTMENT PO BOX 801 NEW YORK, NY 10276</b>
<b>OR FAX TO:</b>	<b>(212) 979-1278</b>