PSC No:4 Gas Corning Natural Gas Corporation Initial Effective Date: 10/01/2003 Leaf: 96
Revision: 0

Title of person signing

Superseding Revision:

25. Forms: (Cont'd)

4. Deposit Alternative Notice Form:

Approved by:

CORNING NATURAL GAS CORPORATION

Request for Waiver of Security Deposit - Deposit Alternative Date: Customer's Name:_____ Service Address:_____ Mailing Address: Account Number:_ In consideration of Corning Natural Gas Corporation's agreement to provide gas service to ____(Customer's Name) the above service address and in lieu of a security deposit, I/we do hereby guarantee payment of all future bills for said service paid upon receipt. I, the Customer, waive my right to be sent a Final Termination Notice normally provided after 20 days have elapsed since payment was due. I understand that my service can be terminated by Corning Natural Gas Corporation if I/we fail to pay any bill upon receipt. The company will send me a disconnect notice 5 days (8 days if mailed) before actual termination of my service. Once terminated, service will not be reinstated until payment in full of the following: (1) all amounts in arrears for service rendered, (2) the entire requested deposit, (3) service reconnection fees, and (4) any other billed tariff changes. Corning Natural Gas Corporation____ Business Name/Applicant Signed Signed: Date Date

Title