

..DID: 2017
..TXT: PSC NO: 8 GAS LEAF: 112
COMPANY: NATIONAL FUEL GAS DISTRIBUTION CORPORATION REVISION: 0
INITIAL EFFECTIVE DATE: 04/01/98 SUPERSEDING REVISION:
STAMPS:
RECEIVED: 01/05/98 STATUS: Effective EFFECTIVE: 04/01/98

GENERAL INFORMATION (Cont'd)

II. 23. RESIDENTIAL SERVICE APPLICATION

Print Clearly - Press Firmly
National Fuel Gas Distribution Corporation
APPLICATION FOR SERVICE - RESIDENTIAL

This written application is being requested because:

- There are arrears at the premises to be served and service was terminated for nonpayment or is subject to a final notice of termination.
- There is evidence of meter tampering and/or theft of service.
- The service meter indicated usage and there is no customer of record.
- A third party is applying on behalf of the person(s) receiving service.

NAME LAST, FIRST, INITIAL DATE SERVICE REQUESTED

SERVICE ADDRESS CITY, STATE & ZIP UPPER REAR LOWER SINGLE APT. OTHER

MAILING ADDRESS (If different) CITY, STATE, ZIP

APPLICANT'S PHONE NO. DATE OF DEED OR LEASE
RENT OWN

ADDRESS OF PRIOR ACCOUNT PRIOR ACCOUNT NUMBER

WELFARE CARD NO. CREDIT CARD TYPE, NO., EXPIRATION DATE
DRIVER'S LICENSE NO. STATE

I HEREBY REQUEST AND APPLY FOR GAS SERVICE TO BE ESTABLISHED IN MY NAME AT THIS ADDRESS ACCORDING TO THE TERMS, CONDITIONS, AND RATES CONTAINED IN THE COMPANY'S TARIFF FILED WITH THE STATE REGULATORY COMMISSION, I REALIZE ANY WILLFUL MISREPRESENTATIONS MAY RESULT IN CRIMINAL CHARGES AND I AUTHORIZE NATIONAL FUEL TO MAKE WHATEVER INQUIRIES ARE NECESSARY TO DETERMINE THE VALIDITY OF ANY STATEMENTS MADE ON THIS APPLICATION AT ANY TIME NATIONAL FUEL FEELS IT IS NECESSARY TO DO SO.

READ ABOVE STATEMENTS BEFORE SIGNING

DATE APPLICANT'S SIGNATURE BY (PERSON SIGNING OTHER THAN APPLICANT AND RELATIONSHIP)

THE FOLLOWING CUSTOMER HISTORY INFORMATION IS REQUESTED AND IS NOT REQUIRED AS A CONDITION OF SERVICE
EMPLOYER'S NAME

EMPLOYER'S ADDRESS

SOCIAL SECURITY NUMBER SPOUSE'S FIRST NAME

OWNER'S NAME

OWNER'S ADDRESS AND ZIP

FOR OFFICE USE ONLY

DEPOSIT/ DEPOSIT APPLICATION PAYROLL TAKEN APPLICATION
GUARANTEE NO. AMT. TAKEN BY NUMBER AT APPROVED

MOS ORDER NO NEW ACCOUNT NUMBER

Received: 01/05/1998

Status: CANCELED
Effective Date: 04/01/1998

Issued by P.C. Ackerman, President, 10 Lafayette Square, Buffalo NY 14203
(Name of Officer, Title, Address)

Cancelled by supplement No. 58 effective 05/01/2017