Received: 04/28/2017

Status: CANCELLED Effective Date: 05/01/2017

PSC NO: 9 GAS SECTION: 0 LEAF: 95

NATIONAL FUEL GAS DISTRIBUTION CORPORATION REVISION: 1
INITIAL EFFECTIVE DATE: 05/01/2017 SUPERSEDING REVISION: 0

ISSUED IN COMPLIANCE WITH ORDER IN CASE NO. 16-G-0257 DATED 04/20/17

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 CREDIT CARD TYPE, NO., EXPIRATION DATE WELFARE CARD NO. 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** 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

BY (PERSONSIGNING OTHER THAN DATE APPLICANT'S SIGNATURE 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

Issued by <u>C. M. Carlotti, President, 6363 Main Street, Williamsville, NY 14221</u> (Name of Officer, Title, Address)