

PSC NO: 9 GAS  
NATIONAL FUEL GAS DISTRIBUTION CORPORATION  
INITIAL EFFECTIVE DATE: 05/31/2016

SECTION: 0 LEAF: 90  
REVISION: 0  
SUPERSEDING REVISION:

GENERAL INFORMATION (Cont'd)

II.22.- Cont'd

- 1. Does applicant control access to the gas meter? \_\_\_Yes \_\_\_No. If No, complete the following below regarding the party who controls access to the meter:

\_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City, State and Zip Tel. No. (Area Code) Gas Account No.

- 2. Intended gas usage (check all that apply):  
\_\_\_heating \_\_\_domestic hot water \_\_\_manufacturing process
- 3. Will the gas usage be reasonably similar to past gas usage at the requested service address?  
\_\_\_Yes \_\_\_No. If no, please identify the nature of any change  
\_\_\_\_\_.
- 4. Will there be any residential usage at the requested service address? \_\_\_Yes \_\_\_No. If yes, what is the estimated percentage of residential usage? \_\_\_ (Certificate of Residential Use must be attached).
- 5. Is premises owned or operated by a religious institution where gas is used exclusively for religious purposes? \_\_\_Yes \_\_\_No.
- 6. Is premises a community residence as defined in subdivision twenty-eight, twenty-eight-a or twenty-eight-b of Section 1.03 of the Mental Hygiene Law operated by a not for profit corporation with supervisory staff on site on a twenty-four hour per day basis that provides living accommodations for fourteen or fewer residents? \_\_\_Yes \_\_\_No.
- 7. Does the premises have a capacity of 75 or more persons and is the premises generally open to the public \_\_\_Yes \_\_\_No. (e.g. church/temple, theater, restaurant, etc.)
- 8. Will the premises be operated as a factory building which normally employs 75 or more persons?  
\_\_\_Yes \_\_\_No.
- 9. Is the customer (check one) \_\_\_fully taxable, \_\_\_tax exempt, or \_\_\_partially tax exempt. Exemption certificate number: \_\_\_\_\_ (a copy of the Certificate must be attached.)

C. BILLING INFORMATION  
(If Different from the Account Information)

\_\_\_\_\_  
Address City State Zip  
\_\_\_\_\_  
Billing Contact Name Street Address  
\_\_\_\_\_  
Zip Telephone Number

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