

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

SECTION: 0 LEAF: 95  
REVISION: 0  
SUPERSEDING REVISION:

### 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
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SERVICE ADDRESS	CITY, STATE & ZIP	UPPER LOWER APT.	REAR SINGLE OTHER
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MAILING ADDRESS (If different)	CITY, STATE, ZIP
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APPLICANT'S PHONE NO. RENT                  OWN	DATE OF DEED OR LEASE
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ADDRESS OF PRIOR ACCOUNT	PRIOR ACCOUNT NUMBER
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WELFARE CARD NO.	CREDIT CARD TYPE, NO., EXPIRATION DATE
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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.

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

OWNER'S ADDRESS AND ZIP

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