

PSC No: 5 Gas
Corning Natural Gas Corporation
Initial Effective Date: 04/01/2008

Leaf: 94
Revision 0
Superseding Revision:

X. Forms: (Cont'd.)

Specific nature of business:_____

List all gas equipment and its rating:_____

If a conversion is required, list estimated completion date:_____

DOES THIS ACCOUNT PROVIDE SERVICE FOR ANY TYPE OF RESIDENTIAL UNIT?

() YES () NO

If yes, please explain_____

Rate and Applicable Charges for Service: (To be completed by Company)

Service Classification _____ Account No. _____

Estimated Annual Usage _____

Corning Natural Gas Corp. is hereby requested to furnish the undersigned with gas service at the above address; such service is to be supplied by the Company under its tariff rates, rules and regulations on file with the New York State Public Service Commission, as may be revised from time to time and to be paid for by the undersigned in accordance with the applicable rate.

Customer Signature: _____ Title: _____

Date: _____

Date Accepted: _____ Title: _____