

PSC NO. 3 GAS
St. Lawrence Gas Company, Inc.
Initial Effective Date: 06/04/2004

Leaf: 199
Revision: 0
Superseding Revision:

GENERAL INFORMATION

2. General Rules, Regulations, Terms and Conditions: (Cont'd)

XV. Forms: (Cont'd)

C. Deposit Alternative Notice Form:

Request for Waiver of Security Deposit – Deposit Alternative

Date: _____

Customer's Name: _____

Service Address: _____

Mailing Address: _____

Account Number: _____

In consideration of St. Lawrence Gas Company, Inc.'s agreement to provide gas service to _____ (Customer's Name) at the above service address and in lieu of a security deposit, I/we do hereby guarantee payment of all future bills for said service paid upon receipt.

I, the Customer, waive my right to be sent a Final Termination Notice normally provided after 20 days have elapsed since payment was due. I understand that my service can be terminated by St. Lawrence Gas Company, Inc. if I/we fail to pay any bill upon receipt. The Company will send me a disconnect notice 5 days (8 days if mailed) before actual termination of my service.

Once terminated, service will not be reinstated until payment in full of the following: (1) all amounts in arrears for service rendered, (2) the entire requested deposit, (3) service reconnection fees, and (4) any other billed tariff changes.

St. Lawrence Gas Company, Inc.

Business Name/Applicant

Signature/Date

Signature/Date

Approved By/Title

Title of person signing