

..DID: 3908

..TXT: PSC NO: 12 GAS

LEAF: 273

COMPANY: THE BROOKLYN UNION GAS COMPANY

REVISION: 0

INITIAL EFFECTIVE DATE: 10/01/98

SUPERSEDING REVISION:

## STAMPS:

Cancelled by 1 Rev. Leaf No. 273 Effective 10/01/1998

RECEIVED: 06/01/98 STATUS: Cancelled EFFECTIVE: 10/01/98

**SERVICE CLASSIFICATION No. 14 - Continued**

## BROOKLYN UNION GAS

## Application Form for Natural Gas Vehicle (NGV) Service

## Applicant Information:

Account Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different from above):

c/o Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Estimated Number of Refuelings Per Week \_\_\_\_\_

Probable Time of Refueling    9 Day    9 Evening

Probable Method of Refueling    9 Quick Fill    9 Slow Fill

Estimated Monthly Consumption Per Vehicle (therms) \_\_\_\_\_

## Vehicle Registration:

Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Name (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Vehicle Information:

Make \_\_\_\_\_ Model \_\_\_\_\_ Type \_\_\_\_\_

9 Dedicated    or Dual Fuel:    9 Gasoline    9 Diesel

## Compressed Natural Gas Equipment Information:

Number of Tanks \_\_\_\_\_ Total Capacity (cubic feet) \_\_\_\_\_

Tank Certification    9DOT    9 ASME    9 Other \_\_\_\_\_

Date(s) of Certification \_\_\_\_\_

Type of Refueling Block    9 2,400 lbs.    9 3,000 lbs.

Type of Refueling Connection    9 Probe    9 Quick Disconnect

9 Other \_\_\_\_\_

Issued by: Robert J. Fani, Senior Vice President, Brooklyn, New York