

..DID: 5503
..TXT: PSC NO: 12 GAS LEAF: 273
COMPANY: THE BROOKLYN UNION GAS COMPANY REVISION: 1
INITIAL EFFECTIVE DATE: 10/01/98 SUPERSEDING REVISION: 0
STAMPS: Issued in compliance - C.98-G-0824 (8/27/98) and C.95-G-0761 (9/22/98)
RECEIVED: 09/25/98 STATUS: Effective 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: Steven L. Zelkowitz, Sr. Vice President and General Counsel, Brooklyn, NY