

..DID: 2016  
 ..TXT: PSC NO: 8 GAS LEAF: 111  
 COMPANY: NATIONAL FUEL GAS DISTRIBUTION CORPORATION REVISION: 0  
 INITIAL EFFECTIVE DATE: 04/01/98 SUPERSEDING REVISION:  
 STAMPS:  
 RECEIVED: 01/05/98 STATUS: Effective EFFECTIVE: 04/01/98  
 GENERAL INFORMATION (Cont'd)

## II. 22. CONTINUED

NOTICE: You may request that the meter at the service location be inspected for accuracy. The Company will, if requested, perform an accuracy inspection of the meter within sixty (60) days of the date of the request. The Customer/Applicant will release the Company from any loss, claim, damage or injury arising from the discontinuance of service as is required to perform the accuracy inspection. If the Customer/Applicant desires to have his or her meter inspected for accuracy, he or she should initial where indicated.\_\_\_\_\_. The Company may satisfy this request by installing a fully inspected meter.

PLEASE READ THE APPLICATION CAREFULLY BEFORE SIGNING.

_____	_____	_____
Dated	Signed	Title
_____		
Print Name		

The signature must be notarized unless the application is signed before a Company representative.

Sworn to before me this \_\_\_\_\_ The party signing the application is  
 \_\_\_\_\_ day of \_\_\_\_\_. (check one) \_\_\_\_\_ proprietor \_\_\_\_\_ partner  
 \_\_\_\_\_ corp. officer/director \_\_\_\_\_ agent  
 NOTARY PUBLIC \_\_\_\_\_ other (Specify)\_\_\_\_\_

Responsibility for service accepted from date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo. Day Year

## FOR COMPANY USE ONLY

Application  
 Processed by: \_\_\_\_\_ Employee # \_\_\_\_\_

Customer  
 Account Number \_\_\_\_\_ MOS# \_\_\_\_\_

APPLICATION REVIEWED BY: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo. Day Yr.

Issued by P.C. Ackerman, President, 10 Lafayette Square, Buffalo NY 14203  
 (Name of Officer, Title, Address)