

..DID: 2014  
 ..TXT: PSC NO: 8 GAS LEAF: 108  
 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

INFORMATION, YOU MAY BE SUBJECT TO BACKBILLING, OR YOU MAY BE PRECLUDED FROM COLLECTING A REFUND FOR OVERCHARGES.

The undersigned ("Applicant" or "Customer") hereby applies for natural gas service from National Fuel Gas Distribution Corporation (the "Company") to the premises described in this application. Applicant agrees: (1) to pay for such service at the rates and charges applicable from time to time under the Company's filed and approved tariff; (2) that the gas service furnished under this application is subject to the terms and provisions or the Company's tariff now in effect or as amended; (3) to provide the Company with all requested documentation and information; (4) to comply with all federal, state and local laws, including the obtaining of all necessary permits and licenses, and (5) to comply with all applicable rules and regulations, including but not limited to, regulations promulgated by the New York State Public Service Commission. Applicant hereby authorizes the Company to make necessary inquiries to determine the validity and accuracy of the statements made in the application process.

## B. ACCOUNT INFORMATION

Has gas service previously been provided to this service address? \_\_\_\_ Yes \_\_\_\_ No. If yes, what is the most recent account number? \_\_\_\_\_. If the answer is no, the Energy Services Department should be contacted to arrange for the installation of facilities necessary to provide service.

Date of Application

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo. Day Year

_____ Account Name	_____ Additional Name (or Doing Business As)
_____ Additional Name	_____ Service Street Address
_____ City & State	_____ Zip Code
_____ Telephone No. (Area Code)	

1. Does applicant control access to the gas meter? \_\_\_\_ Yes \_\_\_\_ No. If No, complete the following below regarding the party who controls access to the meter:

_____ Name	_____ Address
_____ City, State and Zip	_____ Tel. No. (Area Code) Gas Account No.

2. Intended gas usage (check all that apply):  
 \_\_\_\_ heating \_\_\_\_ domestic hot water \_\_\_\_ manufacturing process
3. Will the gas usage be reasonably similar to past gas usage at the requested service address? \_\_\_\_ Yes \_\_\_\_ No. If no, please identify the nature of any change \_\_\_\_\_.
4. Will there be any residential usage at the requested service address? \_\_\_\_ Yes \_\_\_\_ No. If yes, what is the estimated percentage of residential usage? \_\_\_\_ (Certificate of Residential Use must be attached).
5. Is premises owned or operated by a religious institution where gas is used exclusively for religious purposes? \_\_\_\_ Yes \_\_\_\_ No.

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