

..DID: 2018  
 ..TXT: PSC NO: 8 GAS LEAF: 113  
 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. 24. REQUEST FOR WAIVER OF SECURITY DEPOSIT

## REQUEST FOR WAIVER OF SECURITY DEPOSIT

Date: \_\_\_\_\_

National Fuel Gas Distribution Corporation  
 ATTENTION: \_\_\_\_\_  
 Manager Industrial & Commercial Department

Dear \_\_\_\_\_

On (date \_\_\_\_\_) (Business Name/Applicant) made an application for metered gas service for the premises located at (address \_\_\_\_\_). At that time National Fuel requested a cash security deposit in the amount of (\$ \_\_\_\_\_) or a Letter of Credit or Surety Bond in an equal amount to guaranty future gas services for this account. (Business Name/Applicant) hereby requests a waiver of the requested security deposit and offers the following in lieu of security.

(Business Name/Applicant) hereby states that it intends to pay for all services rendered to (Business Name/Applicant) at the premises located at (service address \_\_\_\_\_) within three days of receipt of the bill for services. (Business Name/Applicant) understands and agrees that, if National Fuel agrees to accept this request for Waiver of Security (Business Name/Applicant) agrees to waive its right to Notice of Termination and that termination of service, pursuant to Public Service Commission Rules and Regulations, will immediately be initiated.

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

This request shall not be considered granted nor the application complete by National Fuel unless approved and countersigned by appropriate representatives of National Fuel.

\_\_\_\_\_  
 NATIONAL FUEL GAS DISTRIBUTION CORPORATION BUSINESS NAME/APPLICANT

signed: \_\_\_\_\_

signed: \_\_\_\_\_

Approved by: Title \_\_\_\_\_

Title of person signing \_\_\_\_\_

(date countersigned/approved)

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