

..DID: 2017
 ..TXT: PSC NO: 8 GAS LEAF: 112
 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. 23. RESIDENTIAL SERVICE APPLICATION

Print Clearly - Press Firmly
 National Fuel Gas Distribution Corporation
 APPLICATION FOR SERVICE - RESIDENTIAL

This written application is being requested because:

- There are arrears at the premises to be served and service was terminated for nonpayment or is subject to a final notice of termination.
- There is evidence of meter tampering and/or theft of service.
- The service meter indicated usage and there is no customer of record.
- A third party is applying on behalf of the person(s) receiving service.

NAME LAST, FIRST, INITIAL		DATE SERVICE REQUESTED	
SERVICE ADDRESS		CITY, STATE & ZIP	
		UPPER LOWER	REAR SINGLE APT. OTHER
MAILING ADDRESS (If different)		CITY, STATE, ZIP	
APPLICANT'S PHONE NO.		DATE OF DEED OR LEASE	
RENT		OWN	
ADDRESS OF PRIOR ACCOUNT		PRIOR ACCOUNT NUMBER	
WELFARE CARD NO.		CREDIT CARD TYPE, NO., EXPIRATION DATE	
DRIVER'S LICENSE NO.		STATE	
I HEREBY REQUEST AND APPLY FOR GAS SERVICE TO BE ESTABLISHED IN MY NAME AT THIS ADDRESS ACCORDING TO THE TERMS, CONDITIONS, AND RATES CONTAINED IN THE COMPANY'S TARIFF FILED WITH THE STATE REGULATORY COMMISSION, I REALIZE ANY WILLFUL MISREPRESENTATIONS MAY RESULT IN CRIMINAL CHARGES AND I AUTHORIZE NATIONAL FUEL TO MAKE WHATEVER INQUIRIES ARE NECESSARY TO DETERMINE THE VALIDITY OF ANY STATEMENT'S MADE ON THIS APPLICATION <u>AT ANY TIME NATIONAL FUEL FEELS IT IS NECESSARY TO DO SO.</u>			
READ ABOVE STATEMENTS BEFORE SIGNING			
DATE	APPLICANT'S SIGNATURE		BY (PERSON SIGNING OTHER THAN APPLICANT AND RELATIONSHIP)
THE FOLLOWING CUSTOMER HISTORY INFORMATION IS REQUESTED AND IS NOT REQUIRED AS A CONDITION OF SERVICE			
EMPLOYER'S NAME			
EMPLOYER'S ADDRESS			
SOCIAL SECURITY NUMBER		SPOUSE'S FIRST NAME	
OWNER'S NAME			
OWNER'S ADDRESS AND ZIP			
FOR OFFICE USE ONLY			
DEPOSIT/ GUARANTEE NO.	DEPOSIT AMT.	APPLICATION TAKEN BY	PAYROLL NUMBER
		TAKEN AT	APPLICATION APPROVED
MOS ORDER NO		NEW ACCOUNT NUMBER	

Received: 01/05/1998

Status: CANCELLED
Effective Date: 04/01/1998

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

Cancelled by supplement No. 58 effective 05/01/2017