

..DID: 2190
 ..TXT: PSC NO: 8 GAS LEAF: 109
 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

6. Is premises a community residence for the mentally ill which is a not-for-profit corporation and does not have staff on the premises 24 hours a day? ___Yes ___No.
7. Does the premises have a capacity of 75 or more persons and is the premises generally open to the public ___Yes ___No. (e.g. church/temple, theater, restaurant, etc.)
8. Will the premises be operated as a factory building which normally employs 75 or more persons? ___Yes ___No.
9. Is the customer (check one) ___fully taxable, ___tax exempt, or ___partially tax exempt. Exemption certificate number: _____ (a copy of the Certificate must be attached.)

C. BILLING INFORMATION
(If Different from the Account Information)

 Address City State Zip

 Billing Contact Name Street Address

 Zip Telephone Number

D. CREDIT INFORMATION

1. Existing and/or Previous Gas Accounts

Account 1 Account Name: _____

 Address Zip Account Number Balance

Account 2 Account Name: _____

 Address Zip Account Number Balance

Do you desire to schedule termination of service for these accounts? ___Yes ___No. If yes, on what date and on what accounts

2. Identification of Business.

- a. Describe the type of business _____
- b. Is it a _____ corporation, _____ partnership, _____ proprietorship, or other _____
 (describe)
- c. For Corporations - State of Incorporation _____, County where certificate is filed _____, Registration Number _____.
- d. For Partnership/Proprietorship - County where certificate of authority is filed _____.

3. Principal Officers, partners or Owner of Business.

(a) _____
 Name Position/Title

 Home Address Home Telephone

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