

PSC NO: 9 GAS
NATIONAL FUEL GAS DISTRIBUTION CORPORATION
INITIAL EFFECTIVE DATE: 05/31/2016

SECTION: 0 LEAF: 89
REVISION: 0
SUPERSEDING REVISION:

GENERAL INFORMATION (Cont'd)

II.22. – Cont'd

A. NOTICES AND INFORMATION

PLEASE TAKE NOTICE THAT THE COMPANY HAS DIFFERENT SERVICE CLASSIFICATIONS AND RATES. THE COMPANY WILL USE THE INFORMATION IN THIS APPLICATION FOR CLASSIFYING THE SERVICE PROVIDED. PLEASE CONSULT WITH A COMPANY REPRESENTATIVE OR REVIEW THE COMPANY'S TARIFF FOR MORE INFORMATION. IF YOUR CHARACTER OF SERVICE CHANGES IN THE FUTURE, PLEASE CONTACT THE COMPANY. IF YOU PROVIDE INACCURATE OR INCOMPLETE 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 of 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)	
_____ Name		_____ Address	
_____ City, State and Zip	_____ Tel. No. (Area Code)	_____ Gas Account No.	

Issued by C. M. Carlotti, President, 6363 Main Street, Williamsville, NY 14221
(Name of Officer, Title, Address)