

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

SECTION: 0 LEAF: 90  
REVISION: 0  
SUPERSEDING REVISION:

### GENERAL INFORMATION (Cont'd)

#### II.22.- Cont'd

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.
6. Is premises a community residence as defined in subdivision twenty-eight, twenty-eight-a or twenty-eight-b of Section 1.03 of the Mental Hygiene Law operated by a not for profit corporation with supervisory staff on site on a twenty-four hour per day basis that provides living accommodations for fourteen or fewer residents? \_\_\_\_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		

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