

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

SECTION: 0 LEAF: 93
REVISION: 0
SUPERSEDING REVISION:

GENERAL INFORMATION (Cont'd)

II.22. – Cont'd

APPLICANT AND THE UNDERSIGNED REALIZE THAT ANY WILLFUL MISREPRESENTATION MADE ON THIS APPLICATION MAY RESULT IN CRIMINAL CHARGES BEING BROUGHT AGAINST APPLICANT AND/OR THE UNDERSIGNED UNDER SECTIONS 210.45 AND/OR 165.15 OF THE NEW YORK STATE PENAL LAW.

Applicant acknowledges and understands that this Agreement shall not be modified by any promise, agreement or representation, made orally or in writing, by any agent or employee of the Company.

The undersigned hereby affirms that he or she has read and understands the above and in addition has reviewed the application as to the correctness of the information given. The undersigned also affirms that he or she has been offered a copy of the Non-Residential Customers Rights and Responsibilities pamphlet.

NOTICE: You may request that the meter at the service location be inspected for accuracy. The Company will, if requested, perform an accuracy inspection of the meter within sixty (60) days of the date of the request. The Customer/Applicant will release the Company from any loss, claim, damage or injury arising from the discontinuance of service as is required to perform the accuracy inspection. If the Customer/Applicant desires to have his or her meter inspected for accuracy, he or she should initial where indicated._____. The Company may satisfy this request by installing a fully inspected meter.

PLEASE READ THE APPLICATION CAREFULLY BEFORE SIGNING.

Dated

Signed

Title

Print Name

The signature must be notarized unless the application is signed before a Company representative.

Sworn to before me this
____ day of _____.

NOTARY PUBLIC

The party signing the application is
(check one) ____proprietor ____partner
____corp. officer/director ____agent
____other (Specify)_____

Responsibility for service accepted from date:____/____/____
Mo. Day Year

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