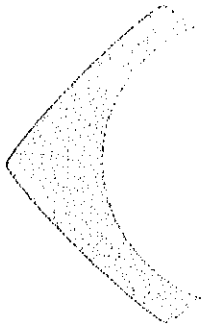

Chautauqua

Your natural gas provider

Application For Residential Gas Service

DATE: _____

APPLICATION SUBMITTED BY:

FIRST NAME _____

LAST NAME _____

SIGNATURE * _____

ACCOUNT INFORMATION

CUSTOMER NAME _____

ADDRESS _____

ACCOUNT NUMBER and NATURAL GAS HISTORY _____

_____

*CUSTOMER TELEPHONE # _____ *CELL/TEXT # _____

SERVICE START DATE: _____

PROPERTY / SERVICE INFORMATION

*ADDRESS OF PROPERTY REQUESTING GAS SERVICE_____

CURRENT SERVICE STATUS: _____ NEW _____ REACTIVATE

OF METERS REQUESTED? _____

OF UNITS IN BUILDING? _____

*BUSINESS TYPE: ____ RESIDENTIAL ____ COMMERCIAL ____ INDUSTRIAL

DO YOU OWN OR RENT THIS PROPERTY? ____ YES ___ NO

***PROPERTY OWNER'S INFORMATION:**

NAME: _____ PHONE: _____

***BILLING / CONTACT INFORMATION**

COMMERCIAL BUSINESSES MUST COMPLETE THE FOLLOWING:

NAME OF RESPONSIBLE PARTY _____

NY CORP ___ yes ___ no *RESPONSIBLE PARTY EIN# _____

*OFFICIAL BUSINESS NAME: _____

*BILLING NAME: _____

*BILL MAILING ADDRESS: _____

*CUSTOMER E-MAIL: _____

*PHONE #: _____ *CONTACT: _____

*EMERGENCY PHONE/TEXT #: _____

*EMERGENCY CONTACT NAME: _____

*EMERGENCY EMAIL: _____

* Required field