



LENOX MUNICIPAL GAS APPLICATION FOR SERVICE

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SERVICE ADDRESS: _____

BILLING ADDRESS (if different from service address): _____

HOME TELEPHONE NUMBER: _____

EMPLOYMENT NAME/TELEPHONE NUMBER: _____

I hereby apply for _____ gas and/or _____ garbage services for the service address listed above pursuant to the following conditions:

1. I agree to pay a deposit of \$200.00 prior to service connection for gas service.
2. I agree to pay all bills rendered by Lenox Gas System for services provided beginning _____, 20____ to the date service is discontinued.
3. I agree to give notice to Lenox Gas System of my intent to discontinue service.
4. I hereby verify that I have no outstanding bills with the Lenox Gas System under my current name or any other name I have used in the past, or under a current or former spouse's name.
5. I have received the New Customer Package provided by the Lenox Gas System.

Applicant Signature

Lenox Gas System Representative Signature

Date