



LENOX MUNICIPAL GAS APPLICATION FOR SERVICE

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

SERVICE ADDRESS: _____

BILLING ADDRESS (if different from service address): _____

EMAIL: _____

☐ **EMAIL BILL**

☐ **PRINT/MAIL BILL**

PHONE NUMBER: _____

EMPLOYMENT NAME/TELEPHONE NUMBER: _____

☐ **SIGN ME UP FOR AUTOMATIC WITHDRAW FROM MY CHECKING** (must include a voided check with application)

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.
6. If you have automatic withdraw checked, you are agreeing to allow Lenox Gas system to debit your account for the amount of your bill.

Applicant Signature

Lenox Gas System Representative Signature

Date