

Citizens Gas Fuel Company Application for Residential Service

Name: _____ SS# _____

Spouse: _____ SS# _____

Others on Lease: _____ SS# _____

Requests Citizens Gas Fuel Company to provide gas service at

Service Address: _____ Start Date: _____

And upon request, to any other address where Citizens Gas Fuel Company provides service.

Do you? Own Rent Landlord Name: _____

Mailing Address: _____

E-Mail Address: _____

Drivers License / State ID Number: _____

Contact Phone Number(s): _____

As a customer, I agree to pay Citizens Gas Fuel Company for gas service supplied according to the Company's rates, terms, rules and regulations. I further agree to abide by the terms and conditions of gas service as set forth in the rules, regulations and rates of Citizens Gas Fuel Company as in effect from time to time and placed on file with the Michigan Public Service Commission.

Customer Signature: _____ Date: _____

Citizens Gas Fuel Company • 127 North Main Street • Adrian, MI 49221

517-265-2144 • 517-264-4401 fax

****CONFIDENTIAL****

FOR OFFICE USE ONLY

Order Type: CD MO MS Order Number: _____

Start Date: _____

This application is not binding until initialed on behalf of the Company.

CSR Initials: _____

Comments: _____

BD