

10/2009

North Alabama Gas District

P O Drawer 2590
Muscle Shoals, Al 35662
256-383-3306 Fax 256-386-0627

P O Box 1428
Madison, Al 35758
256-772-0227 Fax 256-772-8098

P O Box 847
Town Creek, Al 35672
256-685-2708 Fax 256-685-1888

www.nagd.com

Application for Residential Service

Service Location: _____

Name of Applicant: _____ Place of Employment _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Mailing Address: _____

Do You: Own _____ Rent _____ Mortgage Holder/Landlord: _____

Landlord's Address & Phone: _____

Name(s) listed on the Mortgage/Lease _____

Driver's License # & State: _____ Social Security #: _____

Previous Residential Address: _____

Spouse/Roommate information:

Name of Spouse/Roommate: _____

Place of Employment: _____ Business Phone: _____

Date to start service: _____

I agree to pay for all material and labor for the installation of the service line at the above address if no gas is used within 60 days (or by the next cold weather season using heat only) after the natural gas meter is set. I affirm that the above information is correct.

Signature of Applicant _____

******* SIGNER IS RESPONSIBLE FOR ALL CHARGES INCURRED *******

******Office Use Only******

Date: _____

Account #: _____

Receipt #: _____

Deposit #: _____

Appliances: Heating Unit _____

Water Heater _____

Range _____

Dryer _____

Grill _____

Dual Fuel Central Unit _____

Other _____

PLEASE NOTIFY YOUR GAS COMPANY WHEN ADDING NEW APPLICANCES

This form must be notarized if paperwork is completed outside North Alabama Gas District's Office

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me, the above named individual and made oath that the statements made are true.

Notary Public

My Commission Expires: _____