

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

www.nagd.com

Application for Residential Service

Service Location: _____
Name of Applicant: _____ Place of Employment _____
Phone # 1: _____ Phone # 2: _____
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 APPLIANCES