

Account # \_\_\_\_\_

Customer # \_\_\_\_\_

# PIEDMONT GAS COMPANY

• 159 STONECREEK ROAD NW • NEW PHILADELPHIA, OH • (330) 339-5454 OR (800) 734-5724

## APPLICATION FOR GAS SERVICE

**ADDRESS WHERE GAS IS TO BE FURNISHED:**

NAME: \_\_\_\_\_  
LAST FIRST MI

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
HOME PHONE CELL PHONE WORK PHONE EMAIL ADDRESS

**BILLING ADDRESS IF DIFFERENT:**

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

**CHECK ONE:**       HOMEOWNER       TENANT       BUSINESS

**IF YOU ARE A TENANT, PLEASE LIST LANDLORD'S ADDRESS AND PHONE NUMBER:**

NAME: \_\_\_\_\_  
LAST FIRST MI

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
HOME PHONE CELL PHONE WORK PHONE EMAIL ADDRESS

**\*\*IN CASE OF AN EMERGENCY A CONTACT THAT DOES NOT RESIDE IN THE HOME IS REQUIRED:**

NAME: \_\_\_\_\_  
LAST FIRST MI

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
HOME PHONE CELL PHONE WORK PHONE EMAIL ADDRESS

**PLEASE SIGN AND DATE APPLICATION.** IF APPLICANT IS A TENANT, A SECURITY DEPOSIT, LETTER OF CREDIT OR GUARANTOR IS REQUIRED WITH APPLICATION. IF A SECURITY DEPOSIT IS REQUIRED, AFTER 6 CONSECUTIVE TIMELY PAYMENTS THE SECURITY DEPOSIT WILL BE CREDITED TO YOUR ACCOUNT.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_