

# CONSUMERS GAS COMPANY

## APPLICATION FOR SERVICE

LOCATION NO. \_\_\_\_\_

DATE SERVICE REQUESTED \_\_\_\_\_

| BILLING INFORMATION   | SERVICE INFORMATION  |
|---|--|
| <p>NAME _____<br/> <small>(Last) (First) (Middle)</small></p> <p>SERVICE ADDRESS _____<br/> <small>(Street Unit) (Apt. No.)</small></p> <p>_____<br/> <small>(City/Town) (State) (Zip)</small></p> <p>TELEPHONE NO. _____</p> <p>DRIVERS LICENSE NO. _____</p> <p>SOCIAL SECURITY NO. _____</p> <p>OTHER NO. _____</p> <p>SPOUSE'S NAME _____</p> <p>DEPOSIT REQUIRED: \$ _____</p> | <p>MAILING ADDRESS _____<br/> <small>(Street Unit) (Apt. No.)</small></p> <p>_____<br/> <small>(City/Town) (State) (Zip)</small></p> <p>TYPE OF GAS SERVICE <input type="checkbox"/> COMMERCIAL</p> <p>CLASS OF SERVICE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL</p> <p>MOBILE HOME <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>SPACE HEAT <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WATER HEATER <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> STUDENT</p> <p>NATURE OF BUSINESS _____ SIC NO. _____</p> |
| <p>Previous Service Address</p> <p>_____<br/> <small>(Street Unit)</small></p> <p>_____<br/> <small>(City/Town) (State) (Zip)</small></p>   | <p>Landlord Name: _____</p> <p>_____<br/> <small>(Street)</small></p> <p>_____<br/> <small>(City/Town) (State) (Zip)</small></p>   |
| <p>Name of Nearest Relative (Not Living With Applicant)</p> <p>_____<br/> <small>(Name)</small></p> <p>Address: _____<br/> <small>(Street Unit)</small></p> <p>_____<br/> <small>(City/Town) (State) (Zip) (Phone)</small></p>  | <p>Employer Name: _____</p> <p>Address: _____<br/> <small>(Street)</small></p> <p>_____<br/> <small>(City/Town) (State) (Zip) (Phone)</small></p>  |

Reclor/Halley Printing; 382-7949

SEE REVERSE SIDE

I, the undersigned, do hereby apply to Consumers Gas Company, hereinafter called Company, for Gas service, at the service address on reverse side of this application.

I understand that: a) the applicable rate (s) for said service (s), and the Terms and Conditions and Tax Additions relative thereto, are regulated by and subject to the jurisdiction of, the Illinois Commerce Commission, and, b) neither the execution of this application nor anything contained herein shall limit or abridge any right or remedy the Company has or would have, if this application had not been accepted, to change, modify or supersede any of the rates, terms and conditions which now are or hereafter may be applicable to any service to be rendered by the Company to the Customer pursuant to this application, and the application of the Company's rates, terms and conditions, as from time to time approved or permitted to become effective by the Illinois Commerce Commission to the service to be rendered Customer hereunder, shall in no wise be affected by the existence of this application.

No agent has the power to bind the Company by making any promise or representation not contained in the printed portion of this application.

DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_

EMPLOYEE PROCESSION APPLICATION: \_\_\_\_\_