



APPLICATION FOR NATURAL GAS DISTRIBUTION SERVICE

**PLEASE COMPLETE THE
INFORMATION NEEDED
ON THE FORM BELOW :**

Customer Service: (800) 832-6164

Fax line: (440) 437-1001

**Mailing: 95 E. Main Street
Orwell, Ohio 44076**

www.orwellgas.com

Transfer Date: (If Applicable)			
Applicant's Signature:	Date:	SSN or Fed. ID No.	<input type="radio"/> Owner <input type="radio"/> Renter
Applicant's Name:		Applicant's Phone No.	
Additional Applicant (Optional):		Additional Signature:	
Service Address: _____ (Street)		_____ (City) _____ (State) _____ (Zip)	
Employer's Name & Address:		Employer's Phone No.	
Billing Address (if different): _____ (Street)		_____ (City) _____ (State) _____ (Zip)	
Owner's name (if different):		Owner's Phone No.	
Owner's Address : _____ (Street)		_____ (City) _____ (State) _____ (Zip)	

Applicant understands and agrees that natural gas service, which is the subject of this application, will be rendered by the Company pursuant to the rates, charges, and terms and conditions of service set out in the Schedule of Rates, Classifications, Rules and Regulations for The Orwell Natural Gas Company, P.U.C.O No.1; Public Utilities Commission of Ohio

[Official Use]

Account # _____

Comments: _____

Company Representative Signature (if Required) : _____ **Date:** _____