



TRI COUNTY NATURAL GAS

P O BOX 247 UNION POINT, GA 30669

UTILITY SERVICE APPLICATION

Applicant's Full Name or Business Name _____

Personal Social Security # OR Business EIN# _____

Date of Birth _____ Spouse's Name _____

Service Address _____

Mailing Address (if different from service address) _____

Telephone: Home _____ Cell _____

Own Home _____ Leasing/Renting _____ Own/Renting Mobile Home _____

Employer _____ Telephone _____

Employer Address _____

Name Of Nearest Relative Not in Household _____

Address _____ Telephone _____

AGREEMENT (S)

I do hereby make application for utility services(s) to be installed at the street address above subject to the terms and conditions of all the Tri-County ordinances covering same, and authorize Tri-County, and its agents and employees, to investigate any information herein listed or statements obtained from me or from any other person pertaining to my credit and financial responsibility. I understand that accounts are to be settled in full each month.

Sign and Date _____

I hereby acknowledge receipt of the customer notification regarding customer owned gas lines.

Sign and Date _____