



SMALL COMMERCIAL APPLICATION FOR NATURAL GAS DISTRIBUTION SERVICE

**Customer Service: (800) 832-6164 (OH)
 Outside Ohio:(440) 437-8600
 Fax line: (440) 437-1001**

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

**Mailing Address: 95 E. Main St.
 Orwell, OH 44076
 www.orwellgas.com**

Transfer Date (If Applicable)			
Applicant's Signature: _____		Date: _____	Fed. ID No. _____
		<input type="radio"/> Own <input type="radio"/> Lease	
Applicant's Name: _____		Applicant's Phone Number _____	
Emergency After Hours Contact (Optional): _____		Emergency Phone Number _____	
Service Address: _____	(Street) _____	(City) _____	(State) _____ (Zip) _____
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 Gas Service of Orwell Natural Gas Co., P.U.C.O No.1; Public Utilities Commission of Ohio

[Official Use]

Account # _____

Comments: _____

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