



CONSOLIDATED GAS UTILITY DISTRICT

GRANT PARISH Gas Service Application

Commercial Residential **Date:** _____

Applicant's Name: _____

Applicant's Phone: _____

Applicant's Last four of Social Security: _____

Applicant's Driver's License # & State Issued: _____

Date of Birth: _____ Race: _____ Sex: Male/Female

Emergency Contact Number: _____

Service Address: _____

Purpose/Use of Gas: Heater _____ Stove _____ Hot Water _____ Other _____
House _____ Mobile _____ Camp _____ Other _____

Commercial _____ **(certificate for tax-exempt has to be present to exclude from sales tax)**

Mailing Address(if different from service address): _____

Do you Own Property: Yes: _____ No: _____

Do you Rent/Lease the Property: Yes: _____ No: _____

If Rent/Lease:

Owner's Name: _____

Owner's Address: _____ Owner's Phone: _____

Are you a previous gas district customer? Yes: _____ No: _____ If so,

Address: _____

Acknowledgement

I hereby certify that the above information is, to be best of my knowledge, complete and accurate. My signature below signifies that I have read, received, and agree to the "Consolidated Gas Utility Policy". I understand that if my bill is not paid within a timely manner, my unpaid bill can be turned over to collections and additional fees may be applied, including attorney fees.

Customer's Signature

Date