



**PROPERTY OWNER**  
APPLICATION FOR NATURAL GAS SERVICE

Territory:	Port St Joe Highland View Gulfaire Overstreet	N. Port St Joe Windmark Beacon Hill Wewahitchka	Oak Grove St Joe Beach Mexico Beach Jones Homestead	Ward Ridge Seashores White City Other
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Name: \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT hereby makes application to ST JOE NATURAL GAS COMPANY, INC. (“SJNG”) for natural gas service at the above physical address (“premises”). APPLICANT agrees to take and pay for such natural gas in accordance with the rates, rules and regulations of SJNG, all as approved by the Florida Public Service Commission.

APPLICANT hands SJNG herewith \$ \_\_\_\_\_ as a meter deposit with the request to tie on to the natural gas system. In the event APPLICANT should discontinue using natural gas, this deposit shall be refunded after all amounts due to SJNG have been paid. It is also understood this deposit can be used to offset moneys due SJNG for gas service up to the amount of the deposit.

The undersigned APPLICANT authorizes and directs SJNG and its authorized agents to go on applicants premises for the purpose of installing and maintaining a natural gas service line from the gas main to the meter site, and also at SJNG’s option to install a split service line on the premises to any adjacent property and to make all necessary excavations on applicant’s premises for laying said service line(s) and/or split service line(s). The location of said gas service line(s) and gas meter shall be determined by SJNG. Employees and authorized agents of SJNG are granted the privilege of going on the applicant’s premises for the purpose of reading meters and making all necessary construction, inspections and maintenance repairs.

APPLICANT hereby acknowledges receipt of written notice concerning CFR 192.16, Customers responsibility for (buried) customer’s gas piping and CFR 192.383, “Excess Flow Valves Customer Notification”, both which are attached and made a part of this Application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application Received By



**ACCOUNT ACTIVATION**  
FOR NATURAL GAS SERVICE

Name: \_\_\_\_\_ Customer Number / Acct. No. \_\_\_\_\_/\_\_\_\_\_

Phone: (      ) \_\_\_\_\_ Cell (      ) \_\_\_\_\_

Physical Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_

Secondary Contact (Family/Friend) \_\_\_\_\_ Phone # \_\_\_\_\_

**RENTER ONLY** Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PRIOR APPROVAL FROM PROPERTY OWNER MUST BE OBTAINED BEFORE ANY  
SERVICE WORK IS PERFORMED BY ST JOE NATURAL GAS COMPANY ("SJNG")

A. Have you ever had an account with SJNG before? Yes \_\_\_ No \_\_\_

If yes, what name? \_\_\_\_\_

What address? \_\_\_\_\_

B. Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

C. Copy of Drivers License

D. Applicant hereby acknowledges receipt of "Customer Notification, CFR 192.16 - Customer Piping and  
CFR 192.383, Excess Flow Valve Notification" sheet from SJNG.

E. Applicant Signature: \_\_\_\_\_

Applicant (Print Name) \_\_\_\_\_

F. Meter Deposit: \$ \_\_\_\_\_

Cut-On Fee: \$ \_\_\_\_\_

MACC Fee: \$ \_\_\_\_\_

TOTAL AMT. PAID \$ \_\_\_\_\_

G. Check No. \_\_\_\_\_

H. Receipt No. \_\_\_\_\_

G. \_\_\_\_\_  
(Application Received By) (Date)

Revised 4/12/08