

Own Home \$100  
Rent Home \$200  
Mobile Home \$200  
Business \$200

FOR OFFICE USE ONLY

ACCOUNT # \_\_\_\_\_  
READING \_\_\_\_\_  
METER# \_\_\_\_\_  
AMOUNT OF DEPOSIT PAID \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

APPLICATION FOR GAS SERVICE  
TOWN OF BERRY GAS BOARD

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_  
ADD \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ RACE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

(CHECK ONE) MOBILE HOME \_\_\_\_\_ OWN HOME \_\_\_\_\_ RENT \_\_\_\_\_ BUSINESS \_\_\_\_\_

IF RENTING, NAME OF LANDLORD \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

LIST ALL PERSONS LIVING IN HOUSEHOLD:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHONE NUMBER OF PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_ PHONE# \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ON OUR SERVICE BEFORE? YES \_\_\_ NO \_\_\_

IF YES GIVE: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DATE LEFT SYSTEM \_\_\_\_\_

SERVICE WILL BE TURNED ON UPON PAYMENT OF DEPOSIT AND/OR PROCESSING AND APPROVAL OF APPLICATION WHICH COULD BE A PERIOD OF ONE-TWO DAYS OR LONGER IF INFORMATION IS INCOMPLETE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE