



RESIDENTIAL APPLICATION FOR SERVICE

Fax: 812-537-3731

Please place service in my name Effective ____/____/____

Deposit \$
1/3 of the Annual Service

Box containing Renting and Purchase checkboxes

Box containing FOR COMPANY USE: Book and Account fields

To establish my account, Sycamore Gas Company will take a meter reading on the effective date listed above.

Please Print

Name _____ Spouse's Name _____

Service Address _____
Street City State Zip

Mailing Address _____
If different than service address

Previous Address _____

Social Security Number _____ Spouse's SS# _____

Employer Name & Address _____

Occupation _____ Length of Employment ____Yrs. ____ Mo.

Are you a Student? ___ Yes ___ No. If yes, name of school and year? _____

Phone numbers: Home () - Work () -
Cell () -

Landlord Name _____ Landlord Phone Number () -

Landlord Address _____

I hereby assume responsibility for service and agree to pay a security deposit upon request. Failure to submit your Social Security Number will result in a security deposit request. This agreement will continue in force until canceled by oral or written request. By signing this application, I agree that I have received and understand the information in the Rights and Responsibilities Pamphlet.

Applicant Signature _____ Date _____

This application for service is subject to review and acceptance by Sycamore Gas Company. Please Note: If this application is not complete in full and signed, it will not be accepted by the Company. The Company must receive this application at least (3) business days before the effective date. If this application is NOT APPROVED, service will be continued in the current account name, unless the responsible party advises us to disconnect service.

The deposit can be refunded after 12 months of consecutive on time payments. Please call the office after 12 months to request your refund.

We may collect a current deposit if your meter has been disconnected for non-payment along with a reconnection fee.