



**HAWKINS COUNTY
GAS UTILITY**

For Office Use Only:

Date Received: _____

Customer # _____

Pan: _____

Meter Order # _____

Application for Residential Natural Gas Service

Account Name _____

Physical Address: _____

Rent or Own (circle one) Rental property owner _____ Phone number _____

Have you or any resident at this address had an account with HCG in the past? Yes or No (circle one)

Name(s) and Social Security Number(s) for each resident of this address:

Mailing Address (if different from above): _____

Phone Number(s): home _____ cell _____ work _____

e-mail address: _____

Contact Person and Phone Number (if different from above): _____

Requested Service Date and Time: _____ **someone 18 years old or older will need to be present

Please read and sign below:

I include \$30.00 as a **connection fee** with my request for gas service granting employees of said District the privilege of going on my premises for the purpose of reading the meter monthly and making all necessary inspections and repairs. This fee is **non-refundable**.

If a service line is required, I hereby authorize and direct said District to go on my premises for the purpose of installing said gas service line from the gas main to my building and to make all necessary excavations on my premises for laying said gas service lines. The location of said excavations and meter shall be determined by said District.

Meters shall be located in ventilated areas readily accessible for examination, reading, replacement, or necessary maintenance.

Signature _____ Date _____

Submit this form with \$30 check or money order to Hawkins County Gas office. Please bring valid picture identification.

*Deposits are required for customers with poor credit history.