

Form A. Form Application for Residential Service

**HAMILTON MUNICIPAL UTILITIES COMMISSION
Natural Gas Service Application****Please read thoroughly**

I/We the undersigned, hereby apply to Hamilton Municipal Utilities Commission. ("the Utilities Commission") for the natural gas service at the below address. I/We hereby authorize Hamilton Municipal Utilities Commission to verify my past and present employment to process my service application I/We hereby apply for such service in my/our joint name(s). Under a joint service application, each applicant agrees to be JOINTLY AND SEVERALLY LIABLE for such service. (Note: The term "Jointly and Severally Liable" means each applicant is personally responsible for payment of the entire bill). Hamilton Municipal Utilities Commission's tariff and policies comply with the residential consumer protections contained in New York State's Home Energy Fair Practices Act and other applicable residential and non-residential protections contained in the regulations of the New York State Department of Public Service. I/We understand that acceptance of service constitutes an agreement to accept service under the rules and regulations of the New York State Department of Public Service, the tariff provisions of Hamilton Municipal Utilities Commission and the sales policies set forth below.

Item I. The Utilities Commission's tariff, as approved by the Public Service Commission provides all of the rules which govern the responsibility of the Customer with respect to costs of installation of new service.

Item II. If the conditions of the Utilities Commission's tariff are met, at the time of application, the Customer may be required to post reasonable security towards the material and installation costs relating to any portion of the service line, service connections and appurtenant facilities located on Customer's property that exceeds the portion which Hamilton Municipal Utilities Commission is required to install without charge ("Additional Facilities"). If Customer requires Additional Facilities, the deposit shall be applied to the material and installation costs of the Additional Facilities. If the Customer does not require any Additional Facilities, or if the cost of the Additional Facilities does not exceed the deposit, the deposit, or that which remains, shall be returned within thirty (30) days after initialization of gas service.

Item III. Customers are prohibited from making any changes in the meters or in connections between the meters and the Utilities Commission's mains.

Applicant takes service pursuant to all terms and provisions of the Utilities Commission's tariff, on file with the NYS Public Service Commission, as may be amended from time to time.

NOTICE TO CUSTOMERS

MAINTENANCE OF CUSTOMER OWNED GAS LINES

Natural gas is delivered to your home or business through an underground pipeline. Customer is responsible for maintaining all gas piping which you own, including any that extends beyond the meter to the appliances in your home or business.

If buried piping is not maintained, over a time it may be subject to the hazards of corrosion and leakage. For your safety, we inspect service lines for leakage on a regular basis, and if the line is metallic, it is the customer's responsibility to have an inspection of customer owned equipment. However, we do not maintain or repair Customer-owned piping.

If our inspection detects a problem in any portion of the piping that you own, the gas piping will need to be repaired promptly. A plumber or excavation contractor can assist you in repairing the line. Excavation around gas pipelines should be done by hand. Before digging, contact your local utilities locate service to learn where gas lines are located on your property. PLEASE, FOR SAFETY'S SAKE, CALL BEFORE YOU DIG 800-962-7962.

I/We have read this application prior to signing it, and agree to its terms and conditions.

Signature (resident) Date

()
Service Address (street) Phone # Billing Address (street)

() _____
Service Address (city, state & zip code) Emergency Phone # Billing Address (city, state & zip code)

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Responsible Party: Date Responsible for Service: _____

Telephone Number (daytime): _____ Telephone Number (evening): _____

Do you: (circle) Own/Rent

_____ Rent Lease Terms from/to

Name and Address of Property Owner Telephone No. of Property Owner

Have you ever had gas service with Hamilton Municipal Utilities Commission. in the past?

If yes, list service address:

Street address city state zip

If no, list previous address:

Street address
city state zip

Mailing address if different from new
service address:

Street address city state zip

FOR OFFICE USE ONLY

Date Application Received _____ Account # _____

Date Field Notified _____ Amount of Deposit _____

Section ___ Block ___ Lot ___