



# City Gas Co

Phone (715) 627-4351  
809 Fifth Ave, P.O. Box 370  
Antigo, WI 54409-0370

OFFICE USE ONLY

Account # \_\_\_\_\_

## COMMERCIAL Application for Natural Gas

### Company Information

Gas Use Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Service Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ WI \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
*Street Address*

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
*Street Address*

Previous Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
*Street Address*

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ Paperless billing? Yes  No

EIN # \_\_\_\_\_ WI Sales Tax Exempt? Yes  No  - If yes, please provide completed form S-211

Were you ever a customer of City Gas? Yes  No  Do you RENT  OWN  the new service address?

Landlord's Name \_\_\_\_\_ Landlord's Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Primary Company Contact Person

Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Last First*

Email \_\_\_\_\_ Position \_\_\_\_\_

### Secondary Company Contact Person

Full Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Last First*

Email \_\_\_\_\_ Position \_\_\_\_\_

### Acknowledgement of Responsibility

INITIAL BELOW

\_\_\_\_\_ I certify that my answers are true and complete.

\_\_\_\_\_ I will notify City Gas when to terminate this gas service.

\_\_\_\_\_ Account holder does not have a non-current, outstanding balance with City Gas.

\_\_\_\_\_ I certify that I am responsible for the cost of service beginning on the gas use start date and are due 15 days after billing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Application Fee \$ \_\_\_\_\_

Install Main in Street \_\_\_\_\_ feet @ \_\_\_\_\_ per foot \$ \_\_\_\_\_

Install Service to Building \_\_\_\_\_' - \_60\_ = \_\_\_' @ \_\_\_\_\_ per foot \$ \_\_\_\_\_

Frost Charge (Nov-Apr) \_\_\_\_\_ feet @ \_\_\_\_\_ per foot \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

**Total Required for Service \$ \_\_\_\_\_**

#### Service Request For:

New Service

Existing Service

Name Change

#### Type of Service Requested

Residential Appliances

Residential Heating

Commercial Appliances

Commercial Heating

Industrial

Received by: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_