



## **Applying for Residential Service**

If gas service is already to your property, come to our office at 330 West William Street in Corning and apply for service. We will obtain some basic credit information, billing information, and make meter access arrangements. We will generate a service order to connect your service and light your appliances along with the following application.

Please have the following information with you when you come to our office:

- The address where you want service
- The date you would like natural gas service to begin
- Your photo I.D., or two other forms of I.D.



**CUSTOMER SERVICE APPLICATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Address (if different from above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

**CREDIT HISTORY**

Employer Name: \_\_\_\_\_ # years: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ # years: \_\_\_\_\_

Other Income: \_\_\_\_\_

**EMERGENCY CONTACT**

Nearest Relative (not living with you): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relative's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Requested Connect/Transfer Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR SERVICE  
CORNING NATURAL GAS CORPORATION**

Own Property \_\_\_\_\_  
Rent Property \_\_\_\_\_  
Buying Property \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_

Application is hereby made to the Corning Natural Gas Corporation for  
gas service at (Address) \_\_\_\_\_

City/ Town/ Village of \_\_\_\_\_

Service to be furnished by the Company under its rules, regulations and available for  
inspection in the office of the Company and to be used and paid for by the Applicant in  
accordance with the Public Service Classification.

Signature of Applicant(s) \_\_\_\_\_

Dep. Amount: \$ \_\_\_\_\_ (if applicable) \_\_\_\_\_