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**RESERVE GAS COMPANY, INC., RESIDENTIAL SERVICE APPLICATION**

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Previous Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Previous Phone # \_\_\_\_\_ Length of Time at Residence \_\_\_\_\_

If you Rent, Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_

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Print Your Name \_\_\_\_\_ SS (Last 4-Digits) # \_\_\_\_\_

Spouse/Significant Other (SO) \_\_\_\_\_ SS (Last 4-Digits) # \_\_\_\_\_  
(PERSONS RESIDING AT SERVICE ADDRESS/FINANCIALLY RESPONSIBLE)

New Service Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ New Phone # \_\_\_\_\_

Cellular # \_\_\_\_\_ Other # \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(ONLY COMPLETE IF DIFFERENT FROM NEW SERVICE ADDRESS)

Will you OWN \_\_\_\_\_ or RENT \_\_\_\_\_ at the above service address? If you will be  
RENTING, Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_

Landlords Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Have you ever had service from Reserve Gas Company, Inc.? \_\_\_\_\_ If no, who was your previous  
heating utility Company? \_\_\_\_\_

Please check if anyone in household is age 62 or older? \_\_\_\_\_ Blind? \_\_\_\_\_ Disabled? \_\_\_\_\_

Please check if anyone in household is receiving food stamps \_\_\_\_\_ SSI \_\_\_\_\_

Are you interested in our Budget Billing Program \_\_\_\_\_? (Yearly deadline is June 30th)

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Your Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Phone # \_\_\_\_\_ Length of Employment \_\_\_\_\_

Spouse/SO Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Phone # \_\_\_\_\_ Length of Employment \_\_\_\_\_

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**(PLEASE CONTINUE ON BACK)**

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**Emergency Contact** \_\_\_\_\_  
(PERSON NOT RESIDING AT SERVICE ADDRESS)

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Agreement Terms**

You will be subject to a 1.5% late payment charge on each payment received after the specified due date. You agree to pay all charges on any check given by you that is returned by your bank due to insufficient funds or a closed account. If you default and Reserve Gas Company, Inc., hires an attorney to collect what you owe and the attorney is not a salaried employee of Reserve Gas Company, Inc., you agree to pay reasonable attorney fees up to 15% of the amount due, but no less than \$400.00 and the costs and disbursements of a court action.

**Date Service to Start** \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(COPY OF DRIVER LICENSE REQUIRED FOR SIGNATURE VERIFICATION)

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(COPY OF DRIVER LICENSE REQUIRED FOR SIGNATURE VERIFICATION)

**Company Representative** \_\_\_\_\_ **Date** \_\_\_\_\_



**RESERVE GAS COMPANY, INC.**

13441 Railroad St., PO Box 207, Alden, NY 14004-0207

(716) 937-9484 Fax #: (716) 937-9488

*Serving the Community Since 1937*

Monday – Thursday 7:30 am – 4:30 pm  
Friday 7:30 am – 4:00 pm  
Saturday & Sunday Closed

**Office Use Only**

|                                  |                               |  |
|----------------------------------|-------------------------------|--|
| <b>Service Address:</b> _____    | <b>Turn On Date:</b> _____    |  |
| ½ Est. Deposit: _____            | Signed ROW: _____             | Project #: _____                           |
| Account #: _____                 | ID Verified: _____            | New Cust. List: _____                      |
| Rate Class: _____                | ST Code: _____                | Walk Route #: _____                        |
| Welcome Packet: _____            | Received Pressure Test: _____ | Meter Read: _____ <input type="checkbox"/> |
| Unlock: _____                    | Unlock & Turn On: _____       | Entered: _____                             |
| Unlock, Turn On & Relight: _____ | Field Initials: _____         |  |