



PROPERTY OWNER
APPLICATION FOR NATURAL GAS SERVICE

Territory: Port St Joe N. Port St Joe Oak Grove Ward Ridge
 Highland View Windmark St Joe Beach Seashores
 Gulfaire Beacon Hill Mexico Beach White City
 Overstreet Wewahitchka Jones Homestead Other

Name: _____

Phone _____

Cell _____

Physical Address: _____

Billing Address: _____

APPLICANT hereby makes application to ST JOE NATURAL GAS COMPANY, INC. (“SJNG”) for natural gas service at the above physical address (“premises”). APPLICANT agrees to take and pay for such natural gas in accordance with the rates, rules and regulations of SJNG, all as approved by the Florida Public Service Commission.

APPLICANT hands SJNG herewith \$_____ as a meter deposit with the request to tie on to the natural gas system. In the event APPLICANT should discontinue using natural gas, this deposit shall be refunded after all amounts due to SJNG have been paid. It is also understood this deposit can be used to offset moneys due SJNG for gas service up to the amount of the deposit.

The undersigned APPLICANT authorizes and directs SJNG and its authorized agents to go on applicants premises for the purpose of installing and maintaining a natural gas service line from the gas main to the meter site, and also at SJNG’s option to install a split service line on the premises to any adjacent property and to make all necessary excavations on applicant’s premises for laying said service line(s) and/or split service line(s). The location of said gas service line(s) and gas meter shall be determined by SJNG. Employees and authorized agents of SJNG are granted the privilege of going on the applicant’s premises for the purpose of reading meters and making all necessary construction, inspections and maintenance repairs.

APPLICANT hereby acknowledges receipt of written notice concerning CFR 192.16, Customers responsibility for (buried) customer’s gas piping and CFR 192.383, “Excess Flow Valves Customer Notification”, both which are attached and made a part of this Application.

Date

Signature

Print Name

Date

Application Received By



ACCOUNT ACTIVATION
FOR NATURAL GAS SERVICE

Name: _____ Customer Number / Acct. No. _____/_____

Phone: () _____ Cell () _____

Physical Address: _____ Billing Address: _____

Secondary Contact (Family/Friend) _____ Phone # _____

RENTER ONLY Landlord Name: _____ Phone: _____

PRIOR APPROVAL FROM PROPERTY OWNER MUST BE OBTAINED BEFORE ANY SERVICE WORK IS PERFORMED BY ST JOE NATURAL GAS COMPANY ("SJNG")

A. Have you ever had an account with SJNG before? Yes ___ No ____

If yes, what name? _____

What address? _____

B. Social Security Number: _____

Employer: _____ Phone: _____

C. Copy of Drivers License

D. Applicant hereby acknowledges receipt of "Customer Notification, CFR 192.16 - Customer Piping and CFR 192.383, Excess Flow Valve Notification" sheet from SJNG.

E. Applicant Signature: _____

Applicant (Print Name) _____

F. Meter Deposit: \$ _____

Cut-On Fee: \$ _____

MACC Fee: \$ _____

TOTAL AMT. PAID \$ _____

G. Check No. _____

H. Receipt No. _____

G. _____
(Application Received By) (Date)

Revised 4/12/08