



# RESIDENTIAL APPLICATION FOR SERVICE

P.O. Box 721  
Onaway, MI 49765  
(989) 733-6625  
Fax (989) 733-2665

**INFORMATION MUST BE PROVIDED FOR ALL ADULTS LIVING AT LISTED RESIDENCE.**

## NAMES

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_  
Phone #: (\_\_\_\_) \_\_\_\_\_

**E-MAIL address :** \_\_\_\_\_

Would you like to receive billing via e-bill  yes  no

## SERVICE ADDRESS

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_  
Phone#: (\_\_\_\_) \_\_\_\_\_

Does Customer own home for which service is requested?  YES  NO

List Owners Name and Address if different from Applicant:

Name(s) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## EMPLOYMENT

Employer's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Other Source of Income: \_\_\_\_\_

## REFERENCES

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_

Has Customer obtained service from **any other** Michigan utility in the past six (6) years?  YES  NO

If yes give names: \_\_\_\_\_

(If no, a Security Deposit or Guarantor may be required.)

## INDICATE GAS USES

\_\_\_\_\_ Heating \_\_\_\_\_ Water Heater \_\_\_\_\_ Cooking \_\_\_\_\_ Clothes Dryer \_\_\_\_\_ Other  
Does Customer supplement heating? (ie; woodstove, fireplace, etc)  YES  NO

If yes please describe: \_\_\_\_\_

**PLEASE READ NEXT PAGE AND SIGN WHERE INDICATED...**

*AGREEMENTS AND REPRESENTATIONS*

IF THIS APPLICATION IS ACCEPTED AND EXECUTED BY AURORA GAS COMPANY, THIS APPLICATION SHALL BE A CONTRACT BETWEEN CUSTOMER AND AURORA GAS COMPANY FOR THE TERM SPECIFIED IN THE RULES, REGULATIONS AND RATES OF AURORA GAS COMPANY AND SUPPLEMENTS THERETO AND REVISIONS THEREOF, AS FROM TIME TO TIME EFFECT, IN ACCORDANCE WITH THE FOLLOWING:

1. Gas service to the premises identified above shall be initiated by Aurora Gas Company when its gas transmission and distribution system is sufficiently complete and in operation and all necessary connections, installations and tests at said premises have been made and successfully completed.
2. The terms and conditions of gas service furnished by Aurora Gas Company to customer shall be as set forth in the rules, regulations and rates of Aurora Gas Company and supplements thereto and revisions thereof, as from time to time in effect, and gas service shall be subject to discontinuance and to termination as provided therein. The rules, regulations and rates of Aurora Gas Company and supplements thereto and revisions thereof, as from time to time in effect, are hereby incorporated herein by reference as part of this contract between customer and Aurora Gas Company. Copies of said rules, regulations and rates, supplements thereto and revisions thereof, as from time to time in effect, shall be duly filed in the office of the City Clerk of the City of Onaway, Michigan and in other public offices as required by and in accordance with the gas franchises of Aurora Gas Company.
3. Customer agrees to pay Aurora Gas Company for gas service furnished by Aurora Gas Company to the premises identified above, in accordance with the applicable rules, regulations and rates of Aurora Gas Company and supplements thereto and revisions thereof, as from time to time in effect.
4. Customer represents that the information set forth above is true and correct as of the date of this Application. **In the event of any change in the use or ownership of the premises identified above or in the use of gas furnished thereto, Customer shall promptly notify Aurora Gas Company of the change.**

SIGNING THIS AGREEMENT CONSTITUTES PERMISSION FOR THE AURORA GAS COMPANY TO OBTAIN AND REVIEW THE CREDIT HISTORY OF THE APPLICANT IF DEEMED NECESSARY BY THE AURORA GAS COMPANY.

CUSTOMER(S) SIGNATURE

1. \_\_\_\_\_

2. \_\_\_\_\_

DATE: \_\_\_\_\_