



City Gas Co

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

OFFICE USE ONLY

Account # _____

RESIDENTIAL

Application for Natural Gas

Applicant Information

Gas Use Start Date ____/____/____

Account Holder _____ *Last* _____ *First* _____ *M.I.* _____ DOB* ____/____/____

Service Address _____ *Street Address* _____ *Apt #* _____ *City* _____ *WI* _____ *State* _____ *ZIP Code* _____

Mailing Address _____ *Street Address* _____ *Apt #* _____ *City* _____ *State* _____ *ZIP Code* _____

Previous Address _____ *Street Address* _____ *Apt #* _____ *City* _____ *State* _____ *ZIP Code* _____

Phone* (____) _____ - _____ Email _____ Paperless Billing? Yes No

Employer/Income Source _____ How Long: _____ Soc. Sec. # _____

Were you ever a customer of City Gas? Yes No

Do you RENT OWN the new service address?

Landlord's Name _____ Landlord's Phone # (____) _____ - _____

Spouse / Other Adult Resident

1.) Full Name _____ *Last* _____ *First* _____ *M.I.* _____ DOB ____/____/____

Phone (____) _____ - _____ Email _____ Soc. Sec. # _____ - _____ - _____

Employer/Income Source _____ How Long _____

2.) Full Name _____ *Last* _____ *First* _____ *M.I.* _____ DOB ____/____/____

Phone (____) _____ - _____ Email _____ Soc. Sec. # _____ - _____ - _____

Employer/Income Source _____ How Long _____

Personal Reference

Name: _____ Phone Number: (____) _____

Acknowledgement of Responsibilities – Initial Below

____ I certify 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 costs of service beginning on the gas use start date and are due 15 days after billing.

Signature: _____ Date: _____

OFFICE USE ONLY

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: _____
Date: _____

Approved By: _____
Date: _____