



City Gas Co

PHONE (715) 627-4351
809 FIFTH AVENUE · P.O. BOX 370
ANTIGO, WISCONSIN 54409-0370

OFFICE USE ONLY

Account # _____

COMMERCIAL

Application for Natural Gas

Information on this form helps us prevent identity theft and helps expedite the approval of this application:
Any Field left blank may cause a delay or denial of this application.

(*) Required field

Company Information

Company Name* _____

Service Address* _____
Street Address Unit # City State ZIP Code

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

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

Phone* (____) ____-____ Email _____

Gas Use Start Date* ____/____/____ EIN # ____-____-____ WI State Tax Exempt # _____

Were you ever a customer of City Gas? Yes ☐ No ☐ Should service be terminated at your previous address?* Yes ☐ No ☐

Do you RENT ☐ OWN ☐ the new service address? On what date?* ____/____/____

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

Company Primary Contact Person

Full Name _____ Phone (____) ____-____
Last First

Email _____

References

Emergency Contact _____ Position _____ Phone (____) ____-____

Previous Landlord _____ Address _____ Phone (____) ____-____

Other _____ Relationship _____ Phone (____) ____-____

Acknowledgement of Responsibility

INITIAL BELOW

_____ I certify that my answers are true and complete

_____ I will notify City Gas when to terminate this gas service

_____ I understand that the monthly payments for gas service are due within 15 days of the billing date

_____ I certify that I am responsible for the costs of service beginning on the gas use start date listed above.

Signature: _____ Date: _____

OFFICE USE ONLY

Application Fee \$ _____

Install Main in Street _____ feet @ _____ per foot \$ _____

Install Service to Building _____' - ____' = _____' @ _____ 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: _____ Approved By: _____
Date: _____ Date: _____