

Blackstone Gas Company

Contract for Service

Date Service Requested: _____

Name: _____ DOB: _____ SSN: _____

Maiden Name: _____ Spouse's Name: _____

Cell Phone #: _____ Home Phone#: _____

Email Address: _____

Service Address: _____

Billing Address (if different): _____

of people in house _____ # over 65 _____ # under 12 months _____

Previous Address: _____ How long? _____

Property Owner: _____ Phone #: _____

Address: _____

Employer: _____ Phone #: _____

Address: _____

Nearest living relative / Emergency Contact: _____

Phone #: _____ Address: _____

Relationship to you: _____

Any roommate or co-signer you would like to add onto the bill?

Name: _____ Phone #: _____

Check off all natural gas appliances that apply: Stove/Cooktop ___ Dryer ___ Gas Log ___ Furnace ___

Boiler Combo Unit ___ Generator ___ Space Heater ___ Water Heater ___ Pool Heater ___

*I agree to pay all bills as rendered in accordance with the company's rates, terms, and conditions as they exist from time to time.

Signed: _____

Date: _____

Please initial here _____ if you have received the Public Awareness Program informative packet.

