



REQUEST FOR NATURAL GAS SERVICE

Clarke-Mobile Counties Gas District
PO Box 3069
24831 Canal Road
Orange Beach, Alabama 36561
Phone (251)974-5432
Fax (251)974-5434
24/hr 1-800-449-3338

Information received by: _____

Date: _____

CUSTOMER INFORMATION	Customer Name (Please Print) <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Other	DO NOT FILL IN BELOW-- TO BE COMPLETED BY CMC REPRESENTATIVE		
	Address of New Service (Street, Lot, Apt #)	Customer Account Number:		
	City, State, Zip of New Service	<input type="checkbox"/> New Service Account <input type="checkbox"/> Transfer Account		
	Nearest Cross Road	Deposit Amount	Date Deposit Received	
	Mailing Address (Street, Lot, Apt#)	Personal Check (Check No) _____		
	Employer Work Phone	<input type="checkbox"/> Money Order <input type="checkbox"/> Cash		
	Driver License #	METER LOCATION/NOTES		
	Person Responsible for Account			
	Billing Address (Street, Lot, Apt #)			
	Billing Address (City, State, Zip Code)			
Home Phone Business Phone Cell Phone				
Building description: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> 4-Plex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Commercial <input type="checkbox"/> Other:	Contact: _____ Phone: _____			
Structure Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building <input type="checkbox"/> Temporary Building <input type="checkbox"/> Permanent	ADDITIONAL INFORMATION			
Please check any private obstructions located on property. Customer is responsible for providing accurate information				
<input type="checkbox"/> Underground wiring <input type="checkbox"/> Septic <input type="checkbox"/> Well <input type="checkbox"/> Oil lines and tank <input type="checkbox"/> Water <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Other (Please Describe): _____				
Gas Service will be used for: (See Equipment Data Sheet) <input type="checkbox"/> Floor Heater (No. of furnances) _____ <input type="checkbox"/> Grill <input type="checkbox"/> On Demand Wtr Htr <input type="checkbox"/> Wtr Htr <input type="checkbox"/> Range <input type="checkbox"/> Logs <input type="checkbox"/> Lights <input type="checkbox"/> Dryer <input type="checkbox"/> Pool Other (Please list): _____				