

NATURAL GAS SERVICE AGREEMENT

REQUESTED BY: _____ MOVE IN DATE: _____
CUSTOMER NAME - PLEASE PRINT

EMAIL _____ SPOUSE'S NAME _____

SERVICE ADDRESS _____ CELL: _____ PHONE _____

CITY, STATE, ZIP CODE _____ HOME: _____ PHONE _____

Paperless Billing : Yes _____ No _____

THE FACILITIES INSTALLED BY GOODHUE GAS COMMISSION (FROM THE MAIN TO METER) SHALL BE THE PROPERTY OF THE GOODHUE GAS COMMISSION. I HAVE NO OWNERSHIP INTERESTS IN THESE FACILITIES. I OWN AND AM RESPONSIBLE FOR INSTALLATION, OPERATION AND MAINTENANCE OF ALL GAS PIPING AND GAS UTILIZATION EQUIPMENT BEYOND THE OUTLET OF THE GOODHUE GAS COMMISSION GAS METER. IF NOT MAINTAINED, THE GAS CUSTOMER'S BURIED PIPING MAY BE SUBJECT TO POTENTIAL HAZARDS OF CORROSION AND LEAKAGE. BURIED GAS PIPING SHOULD BE PERIODICALLY INSPECTED FOR LEAKS; PERIODICALLY INSPECTED FOR CORROSION IF THE PIPING IS METALLIC; AND REPAIRED IF ANY UNSAFE CONDITIONS IS DISCOVERED. WHEN EXCAVATING NEAR BURIED GAS PIPING, THE PIPING SHOULD BE LOCATED IN ADVANCE, AND THE EXCAVATION DONE BY HAND. PLUMBERS AND HEATING CONTARCTORS CAN ASSIST IN LOCATING, INSPECTIN, AND REPAIRING THE CUSTOMER'S BURIED PIPING. I HAVE READ THIS NATURAL GAS SERVICE AGREEMENT, AND FULLY UNDERSTAND MY RESPONSIBILITIES AND ALL CHARGES THAT MAY APPLY. I GRANT GGC ANY RIGHT, PRIVILEGE OR EASEMENT NECESSARY TO INSTALL, OPERATE AND MAINTAIN ITS GAS SERVICE ON THE PROPERTY. I UNDERSTAND THAT I MAY CANCEL THE AGREEMENT ANY TIME PRIOR TO THE TIME THE GOODHUE GAS COMMISSION INSTALLS GAS SERVICE BY NOTIFYING THEIR OFFICE AT 651-923-5306.

Kyle McKeown

UTILITY COMMISSION REPRESENTATIVE _____ CUSTOMER SIGNATURE _____

DATE _____ DATE _____

405 N Broadway Goodhue, MN

ADDRESS _____ MAILING ADDRESS (IF DIFFERENT FROM (SERVICE) _____

651-923-5306

TELEPHONE _____ CITY, STATE, ZIP CODE _____

REMINDER: BEFORE THE UTILITY COMMISSION OF THE CITY OF GOODHUE CAN INSTALL GAS SERVICE, YOU MUST (1) SIGN THIS AGREEMENT AND RETURN IT TO THE CUSTOMER SERVICE REPRESENTATIVE AND (2) YOU MUST PAY TO THE GOODHUE GAS COMMISSION A CHECK OR CASH FOR THE "TOTAL AMOUNT DUE" IF APPLICABLE.

METER PRESSURE

_____ 6 INCHES WC

X 2 PSI
(CHECK WITH YOUR HEATING CONTRACTOR)

MONTHLY FEE:

X SMALL CUSTOMER: \$12 PER MONTH
WATER HEATER ONLY \$8.00 PER MONTH

_____ LARGE CUSTOMER: \$ _____ PER MONTH