



Village of McComb

210 East Main Street ~ P.O. Box 340 ~ McComb, Ohio 45858-0340
Phone 419-293-3521 ~ Fax 419-293-2436

Application for McComb Natural Gas & Water-Sewer Service

Date: _____ Residential Service: _____ Commercial Service: _____
Account No. _____ Own: _____ Rent: _____

I request Natural Gas, Water and/or Sewer service at the address indicated below. I agree to abide by the rules and regulations of McComb Natural Gas Co., and to pay the rates and charges in force and in effect pursuant to the rate ordinances passed by the Village of McComb, OH and/or on file with the Public Utilities Commission of Ohio. I grant KNG Energy the right to install and maintain the gas main distribution facilities and metering equipment on my premises. I understand the meter setting is my responsibility and must be purchased from McComb Natural Gas Co. I also agree to install and maintain my service line and to repair any and all leaks at my expense or be disconnected from service. I understand and agree that any and all of my unpaid balance on this water, sewer & gas account must be paid in full before transfer of service can be made to another individual. I am aware that I will be charged a \$75.00 gas fee, and a \$25.00 water fee which will be due to re-establish my service. I also understand that there will be a \$5.00 per month charge for gas meter service added to my bill. Any deposits entitled to be refunded on this account will be refunded to the individual whom has made the initial deposits.

DEPOSITS ARE DUE AT THE TIME OF APPLICATION (Landlords Exempt From Deposits)

Deposit required for Gas service: \$100.00

Deposit required for Water-Sewer: \$100.00 (\$50.00 - Water, \$50.00 - Sewer)

\$5.00 COS (change of service) charge added to first bill

Applicant's Full Name: _____ SSN: _____ Drivers License #: _____

Co- Applicant's Name: _____ SSN: _____ Drivers License #: _____

Applicant's Address: _____

Street Address (for service) _____ P O Box No.: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Applicant's Employer: _____
Address: _____ Phone: _____

Co-Applicant's Employer: _____
Address: _____ Phone: _____

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Contact in case of an emergency: _____
(Name & address of nearest relative not living at the same address)

Phone: _____