ENSTAR Natural Gas Company,
3000 Spenard Road, P.O. Box 190288,
Anchorage, Alaska 99519-0288 Phone

(907) 277-5551
Fax: (907) 264-3612

_____ / _____
Customer Number Location Number

RESIDENTIAL CUSTOMER APPLICATION

New Customer_____

Update Application_____

New Service Location: Lot: _____ Block:_____ Subdivision:_____

New Service Address: _____ **Meter #:** _____

(Applicant)

Name:_____

Mailing Address:_____

(House Number & Street Name or P.O. Box)

_____
(City) (State & Zip Code)

Phone:( ) _____ _____ _____
(Home) (Work) (Other)

Your Occupation:_____

Your Employer:_____

How Long: _____ Years _____ Months

Employer Address: _____
(House Number & Street Name or P.O. Box)

_____

_____
(City) (State & Zip Code)

Spouse:_____

Phone:( ) _____ _____
(Work) (Other)

Spouse Occupation:_____

Spouse Employer: _____

How Long: _____ Years _____ Months

Employer Address:_____
(House Number & Street Name or P.O. Box)

_____

_____
(City) (State & Zip Code)

Spouse Social Security Number:_____

State ID _____

Your Social Security Number:_____State ID _____

Mothers Maiden Name: _____
(For Identification purposes only)

Your Drivers License Number:_____ _____
(State)

Mortgage Holder or Landlord:_____

Birth Date: _____

Email Address: _____

Nearest Relative
(Not living with you): _____

_____
(House Number & Street Name or P.O. Box)

_____
(City) (State & Zip Code)

Phone Number: (_____) _____

Relationship to you:_____

Signature :_____
(Applicant)

Signature: _____
(Spouse)

(NOTE: If you are **other** than Owner of the property,
you **must** attach the Authorizing Management Agreement or a Power of Attorney.)

Date:_____

ACCOUNTING USE ONLY - - - DO NOT WRITE BELOW THIS LINE

Deposit Required:_____ Employee #:_____ Date:_____ Time:_____

Date Wanted:_____ Requested by: _____

Remarks:_____