



Commercial Natural Gas Usage Request Form

Date: _____

Utility Account/POD Number: _____

Customer Name and address as it appears on the Utility Bill:

Name: _____

Address: _____

Phone: _____ Email Address: _____

Customer Signature: _____

For office use only

Authorized Customer Representative: _____

Please send completed form to Robert Petracci at rpetracci@woodruffenergy.com.