



Application for Gas Service

Name: _____
Last First Middle

Service Address: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Service Requested: Residential ___ Commercial ___ Industrial ___

Personal Information

Social Security #: _____ Date of Birth: _____

Driver License: State _____ DL # _____

Employer: _____

Spouses Information

Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____

Driver License: State _____ DL # _____

Employer: _____

Signed: _____ Date: _____

I understand that an eSignature is any symbol executed or adopted by me with the intent to sign a document. By placing my name or any other symbol or character(s) in the signature box, I certify that all the information provided in this Application for Gas Service is true and correct.

Marshall County Gas District - *Albertville, Arab, & Guntersville* | Office Hours: Monday- Friday, 7:30am -4:30pm

Guntersville: 256-582-5641 | Albertville: 256-878-4591 | Arab: 256-586-8303 | Emergency: 1-800-552-1382