

Eastern PNG  
68 35<sup>th</sup> Street, Suite B640  
Brooklyn, NY, 11232



Yes, I want to participate in the City of Niles Natural Gas Aggregation Program

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Company Name (if applicable)

Cell  Work  Home

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Service Address:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Enbridge Gas Ohio Account Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date