



**EASTERN**  
Power & Gas

68 35<sup>th</sup> Street, Suite B640  
Brooklyn, New York, 11232

## Yes, I want to participate in the Howland Township Natural Gas Aggregation Program

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

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

Cell  Work  Home

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

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

Service Address:

\_\_\_\_\_  
Enbridge Gas Ohio/Dominion Energy Ohio Account Number (Required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date