



Natural Gas Service Inquiry Form

Instructions to customer

1. Select your utility by checking the appropriate box (only one per form)
2. Fill in your contact information and account numbers in the form below
3. SIGN THE FORM!!
4. Return to Gabel Associates by:
 - a. Faxing it to 732.296.0799 or
 - b. Scan and email to releaseforms@gabelassociates.com

To: Customer's Utility:

PSE&G (Public Service Electric and Gas)

NJNG (New Jersey Natural Gas)

SJG (South Jersey Gas)

ETOWN (Elizabethtown Gas)

I hereby authorize consent to the release of historical natural gas usage information to the Consultant so that the Consultant named herein may evaluate natural gas usage patterns and solicit offers for supply of natural gas on my behalf. The utility considers all customer usage information to be confidential. This authorization in no way binds me to the purchase of any service or product and is to be used for the sole purpose of determining the offer price of gas supply service.

This letter serves as your authorization to release and send relevant records regarding my facilities' natural gas consumption and billing for the accounts listed below.

- 12 months of term (or Dth) usage and contract delivery amounts
- tariff class designation

Please send usage records for each account transmitted in electronic format, to the following email address: bryan.hayward@gabelassociates.com or alternately to carol.friedman@gabelassociates.com.

Account Numbers:

Contact Name: _____ Title: _____

Phone: () _____ - _____ Fax: () _____ - _____

Email: _____@_____

Signature: _____ Date: _____

This authorization shall be valid for five (5) years from above date.