



## AUTOMATED METER READING SERVICE REQUEST

Customer's Name:		Customer Account Number:	
Service Address:	City	State	Zip Code
Mailing Address:	City	State	Zip Code
Contact Name:	Phone Number:	FAX Number:	E-mail Address:

Please fax or mail completed forms to:  
Citizens Gas  
Attn: Michelle Bennington  
2150 Dr. Martin Luther King Jr. St.  
Indianapolis, IN 46202  
Fax (317) 927-4736

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Customer/Title

**\*\*\* Customer will be billed applicable monthly charges as spelled out in Gas Rate No. A7 – Information Service upon installation of device.**