

**PART II**

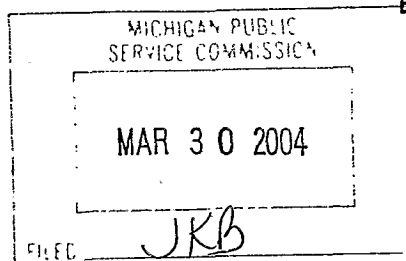
**TARIFF BOOK STANDARD FORMS  
FILED WITH THE COMMISSION**

Form No.	Description	Form Effective Date	Sheet No.
5	Gas Shut Off Notice (For Residential Gas Service)	Jul 01	SF-1.00
8	Agreement For the Installation of Gas Service Line (Cancelled)	Mar 91	SF-2.00
13	Gas Shut Off Notice (For Commercial Gas Service)	Jul 01	SF-3.00
15	Customer Charge Order	Jul 02	SF-4.00
19	Customer Charge Order - Distribution (Cancelled)	Jan 88	SF-5.00
26	Warning! Meter Property of MichCon	Nov 01	SF-6.00
30	For Safety's Sake	Feb 02	SF-7.00
39	Customer Application for Installation of Line/Main (Cancelled)	Sep 00	SF-8.00
54	Important Collection Notice (Cancelled)	Sep 00	SF-9.00
54-1	Important Collection Notice (Residential)	Sep 00	SF-10.00
67	Application for Installation of Line/Main	Jan 02	SF-11.00
83	Exemption for Michigan Sales Tax	Aug 84	SF-12.00
86	Application For Gas Service	Jul 02	SF-13.00
100	Meter Reading Card	Nov 01	SF-14.00
148	Unable to Gain Admittance	Jan 02	SF-15.00
149	Double Notice Protection Plan	Dec 93	SF-16.00
202	Credit Agreement (Non-Residential)	Jul 02	SF-17.00
204	Credit Agreement (Residential)	Feb 99	SF-18.00
209	Application For Gas Service (Except For Residential Use or Single Family Space Heating Use)	Jan 00	SF-19.00
214	Application For Voluntary Low - Income Heating Senior Citizen Rate (Cancelled)	Aug 02	SF-20.00
261	Commercial and Industrial Application/Contract For Gas	Mar 90	SF-21.00
303	Return of Check or Money Order	Aug 01	SF-22.00
333	Payment Receipt - Duplicate Bill	Jun 89	SF-23.00
525	Payment Receipt	Jan 92	SF-24.00
532	Deposit Receipt	Feb 92	SF-25.00
557	Customer Inquiry Verification Card	Jan 88	SF-26.00
666	Product/Services Receipt (Cancelled)	Mar 96	SF-27.00
667	Special Ledger Billing - Payment Receipt	Jul 89	SF-28.00
785	Important Collection Notice (Commercial)	Aug 99	SF-29.00
1506	MichCon Home Energy Analysis (Cancelled)	Jan 04	SF-30.00

(Continued on Sheet No. A-9.00)

ISSUED MARCH 3, 2004 BY  
M. E. CHAMPLEY  
SENIOR VICE PRESIDENT  
REGULATORY AFFAIRS

DETROIT, MICHIGAN



EFFECTIVE: SEE ABOVE

(Continued From [Sheet No. A-8.00](#))

**PART II (Continued)**

Form No.	Description	Form Effective Date	Sheet No.
1531	Energy Analysis Fee (Cancelled)	Jan 04	SF-31.00
5009	Heat Bank Voucher	Oct 97	SF-32.00
5195	List of Witnesses and Materials (Cancelled)	Sep 82	SF-33.00
6020	Request to Mark Service Line	May 02	SF-34.00
6139	Settlement Agreement (Cancelled)	May 85	SF-35.00
6625	No Gas	Jan 89	SF-36.00
7007	Guarantor's Agreement (Cancelled)	Jan 04	SF-37.00
7308	Request to Remove Gas Meter	Oct 90	SF-38.00
96-0187	Outstate and Suburban Areas - Gas Service Terminated	Jun 02	SF-39.00
	<b>Large Volume Gas Service Agreement</b>	<b>May 05</b>	<b>SF-40.00</b>
	<b>School Gas Service Agreement</b>	<b>May 05</b>	<b>SF-41.00</b>
	<b>Gas Transportation Agreement</b>	<b>May 05</b>	<b>SF-42.00</b>
	<b>Master Account Aggregated Transportation Service Agreement</b>	<b>May 05</b>	<b>SF-43.00</b>
	<b>General Services Agreement</b>	<b>May 05</b>	<b>SF-44.00</b>
	<b>Intrastate Services Transaction – Exhibit A</b>	<b>May 05</b>	<b>SF-45.00</b>
	<b>Intrastate Link Services Transaction – Exhibit A</b>	<b>May 05</b>	<b>SF-46.00</b>
	<b>Intrastate Interruptible Balancing Services Transaction – Exhibit A</b>	<b>May 05</b>	<b>SF-47.00</b>
	<b>Interstate Services Transaction – Exhibit B</b>	<b>May 05</b>	<b>SF-48.00</b>
	<b>End User Storage Transfer Request</b>	<b>May 05</b>	<b>SF-49.00</b>
	<b>ConQuest™ Access Agreement</b>	<b>May 05</b>	<b>SF-50.00</b>
	Authorized Gas Supplier Agreement	Apr 02	SF-51.00

Michigan Public Service  
Commission

May 31, 2005

Filed *JKB*

(Continued on [Sheet No. A-10.00](#))

ISSUED MAY 20, 2005  
BY M. E. CHAMPLEY  
SENIOR VICE PRESIDENT  
REGULATORY AFFAIRS

EFFECTIVE: SEE ABOVE

DETROIT, MICHIGAN

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 5

7-2001

# GAS SHUT-OFF NOTICE

## SEE ENCLOSED BILL FOR SHUT-OFF DATE

Dear Customer:

Our records indicate you have a past-due balance. If you have paid the past-due balance in the last few days, please disregard this notice.

**AS A MICHCON CUSTOMER, YOU HAVE THE FOLLOWING RIGHTS:**

1. The right to enter into a reasonable **PAYMENT PLAN** (credit agreement) with michCon for the amount not in dispute, but which you cannot pay in full before the scheduled shut-off date.
2. The right to **FILE A COMPLAINT** before the scheduled shut-off date disputing the previous balance for your gas service.
3. The right to **REQUEST AN INFORMAL HEARING** before a utility hearing officer if a complaint cannot be resolved. A prehearing payment may be required and must be paid within three (3) days after the request for a hearing.
4. The right to **REPRESENT YOURSELF OR BE REPRESENTED** by another person, including an attorney, during the complaint process.
5. The right to postpone gas shut off for 21 days if someone living in your house has a **MEDICAL EMERGENCY**. You will be required to show a statement from a doctor, public health official or social services worker stating that a medical emergency exists. This postponement may be extended by renewal of the medical statement.

You are advised to **CONTACT A SOCIAL SERVICE AGENCY** immediately if you believe you might be eligible for emergency economic assistance. You are also advised to contact MichCon for information about the **WINTER PROTECTION PLAN**.

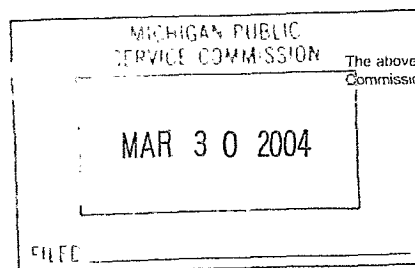
Once your gas is shut-off, you will need to pay the total past-due balance by cash, certified check or money order. You also will have to pay a **SECURITY DEPOSIT AND A RECONNECT CHARGE**. Picture identification and a Social Security card will be requested to turn gas service on in your name.

You may inquire about service, billing or credit arrangements, or file a complaint by calling, writing or visiting any MichCon office. The addresses and telephone numbers of our offices are listed on the reverse side of this notice.

Service will not be shut off pending the resolution of a complaint filed with the company.

Collection Department

5 July 01



The above rights comply with the Michigan Public Service Commission's Consumer Standards and Billing Practices

Continued on Sheet No. SF-1.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 5 (CONTINUED)

7-2001

## HOW TO CONTACT MICHCON

### SOUTHEASTERN MICHIGAN

General Account Information ..... (313) 965-8000  
(800) 289-0600

DEARBORN  
24405 Michigan  
Dearborn

HAMTRAMCK  
11400 Jos. Campau  
Hamtramck

DETROIT  
Seven Mile Office  
17227 W. Seven Mile  
Detroit

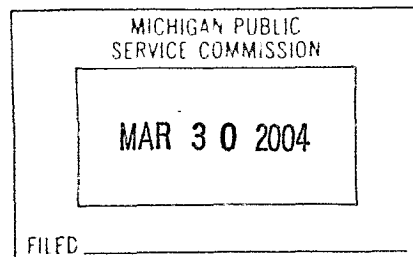
PITTSFIELD TWP.  
(E. of Ann Arbor)  
4641 Washtenaw  
Pittsfield Twp.

DETROIT  
Eight Mile Office  
9600 E. Eight Mile  
Detroit

### ALL OTHER AREAS

GRAND RAPIDS  
3538 Lake Eastbrook Blvd., S.E.  
Grand Rapids  
(616) 459-1313  
(800) 395-4005

PETOSKEY  
1294 North U.S. 31  
Petoskey  
(616) 347-8701  
(800) 395-4005



**michcon**  
A DTE Energy Company

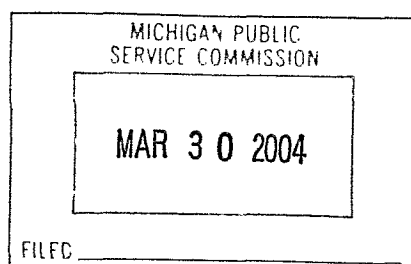
FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 8

3-1991

[This Form has been replaced with Form 67, which can be found on Sheet No. SF-11.00]



FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 13

7-2001

# GAS SHUT-OFF NOTICE

Dear Customer:

If full payment of the past-due balance has been made in the last few days, please disregard this notice.

If the past-due balance has not been paid in full, your account is now subject to SHUT-OFF. See enclosed bill for shut-off date.

Your gas service will be shut off without further notice unless the amount of the past-due balance shown on the enclosed bill is paid WITHIN 10 DAYS.

Once your gas service is shut off, you will be required to pay the total outstanding amount by cash, certified check or money order. You may also have to pay a SECURITY DEPOSIT and a RECONNECT CHARGE plus provide documentation (e.g. Certificate of Partnership, Articles of Incorporation, valid Drivers' License, Assumed Name Papers, etc.) before gas service is restored.

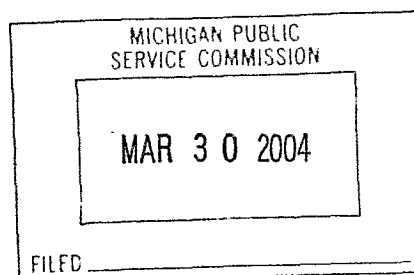
Please contact us at the number listed on your bill to resolve this matter.

Thank you.

Collection Department

(See reverse side for location of business offices.)

13 July 01



Continued on Sheet No. SF-3.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 13 (CONTINUED)

7-2001

**HOW TO CONTACT MICHCON**

**SOUTHEASTERN MICHIGAN**

General Account Information ..... (313) 965-8000  
(800) 289-0600

DEARBORN  
24405 Michigan  
Dearborn

HAMTRAMCK  
11400 Jos. Campau  
Hamtramck

DETROIT  
Seven Mile Office  
17227 W. Seven Mile  
Detroit

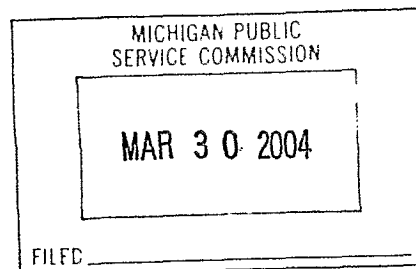
PITTSFIELD TWP.  
(E. of Ann Arbor)  
4641 Washtenaw  
Pittsfield Twp.

DETROIT  
Eight Mile Office  
9600 E. Eight Mile  
Detroit

**ALL OTHER AREAS**

GRAND RAPIDS  
3538 Lake Eastbrook Blvd., S.E.  
Grand Rapids  
(616) 459-1313  
(800) 395-4005

PETOSKEY  
1294 North U.S. 31  
Petoskey  
(616) 347-8701  
(800) 395-4005




FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 15

7-2002

**DTE Energy**  
 **MICHCON**  
 500 Griswold Street  
 Detroit, MI 48226  
 15 JUL 02

**CUSTOMER CHARGE ORDER**

INSTALLATION ADDRESS		MUNICIPALITY		TELEPHONE NO.	DATE
MAILING ADDRESS (if different than above)		MAILING MUNICIPALITY	FLOOR	APT.	EST. COST
CUSTOMER'S NAME				AREA	FUNCTION/W.O. <input type="checkbox"/> OFF HOUR CHARGE
DESCRIPTION OF SERVICE					CHARGE
<input type="checkbox"/> FLAT RATE					
<input type="checkbox"/> LABOR & MATERIAL					
TOTAL					
PLEASE PERFORM THE SERVICES INDICATED FOR WHICH I AGREE TO PAY THE RATES ESTABLISHED BY THE COMPANY					
I AUTHORIZE MICHCON TO FIRST APPLY ALL FUTURE PAYMENTS ON MY ACCOUNT TO PRIOR OUTSTANDING CHARGES, INCLUDING THE SERVICES SET FORTH ABOVE. ALL CUSTOMER RIGHTS UNDER THE MPSC BILLING PRACTICES RULES (MICH. ADM. CODE R460.2101 ET SEQ.) ARE EXPRESSLY RETAINED.					
AUTHORIZED SIGNATURE & DATE			SERVICE EMPLOYEE SIGNATURE & DATE		
<b>FOR OFFICE USE ONLY</b>					
DEPOSIT	<input type="checkbox"/> Using				
	<input type="checkbox"/> Not Using				
ACCOUNT NUMBER		CD	TOTAL CHARGES BILLED		

MICHIGAN PUBLIC SERVICE COMMISSION  
 MAR 30 2004  
 FILED \_\_\_\_\_

Continued on Sheet No. SF-4.01



FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 15 (CONTINUED)

7-2002

<input type="checkbox"/> ALTER SERVICE LINE AND INSTALL OUTSIDE T.C. METER	<input type="checkbox"/> CHANGE LOCATION OF SERVICE LINE AND METER
<input type="checkbox"/> CUSTOMER TO RECONNECT FUEL LINES	<input type="checkbox"/> MICHCON TO RECONNECT FUEL LINES

LABOR & MATERIALS - COST NOT TO EXCEED	AMOUNT
--	--------

MATERIAL USED				
SOTCK CODE	DESCRIPTION	QUAN.	UN. PRICE	AMOUNT
STORES HANDLING CHARGE				
TOTAL MATERIALS				
SALES TAX				

LABOR			
EMPLOYEE	HOURS	AMOUNT	
TOTAL LABOR			

OTHER CHARGES	
DESCRIPTION	AMOUNT
TOTAL OTHER CHARGES	

CHARGE TO	FUNCTION/W.O.	TOTAL CHARGES BILLED	\$
PURCHASE ORDER NO.	RELEASE NO.	VENDOR	

SERVICEMAN SIGNATURE	MICHIGAN PUBLIC SERVICE COMMISSION	DATE EXECUTED
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<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p><b>MAR 30 2004</b></p> </div> <p>FILED _____</p>
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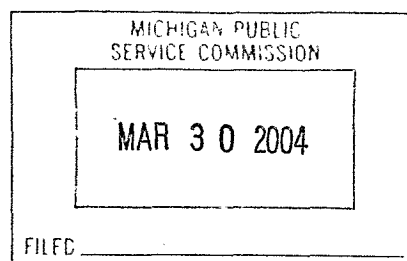
FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 19

7-2002

[This Form has been replaced with Form 15, which can be found on Sheet No. SF-4.00]



FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 26

11-2001

# WARNING!

This meter is the property of Michigan Consolidated Gas Company. STATE LAW PROVIDES a SEVERE PENALTY for tampering with Gas Company property or using any method or device to permit the flow of unmetered gas. Tampering with this meter and/or its related piping could ENDANGER LIFE and property from fire or explosion and will result in a SHUT-OFF OF SERVICE and CRIMINAL PROSECUTION.

26 November 01

**MICHIGAN CONSOLIDATED GAS COMPANY**  
A DTE ENERGY COMPANY

MICHIGAN PUBLIC  
SERVICE COMMISSION

MAR 30 2004

FILED \_\_\_\_\_

## FOR SAFETY'S SAKE

Michigan winters can cause problems with outside gas meters. Falling ice can damage meter connections, and drifting snow makes it impossible to read your meter and bill you accurately. More importantly, ice and snow around your meter can be a hazard in an emergency or if you need repairs.

Please take time to carefully remove ice and snow from around your gas meter.

FOR SAFETY'S SAKE

**DTE Energy**



30 Feb 02

<p>MICHIGAN PUBLIC SERVICE COMMISSION</p> <p>MAR 30 2004</p> <p>FILED _____</p>
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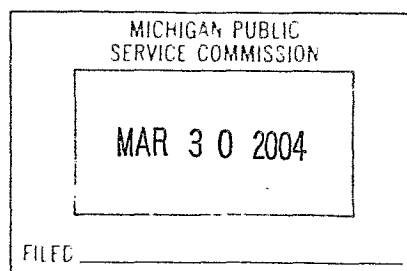
FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 39

9-2000

[This Form has been replaced with Form 67, which can be found on Sheet No. SF-11.00]



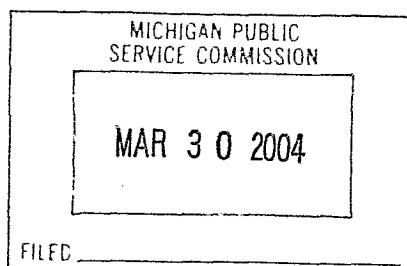
FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 54

9-2000

[This Form has been replaced with Form 54-1, which can be found on Sheet No. SF-10.00]



FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 54-1

9-2000

**michcon** Michigan Consolidated Gas Company

**IMPORTANT COLLECTION NOTICE**

**YOUR GAS SERVICE IS SCHEDULED TO BE SHUT OFF IN 5 DAYS.**

PLEASE READ CAREFULLY BOTH SIDES OF THIS NOTICE FOR IMPORTANT INFORMATION.

To keep your gas service on, CALL or VISIT MICHCON IMMEDIATELY.

(See reverse side for phone number and office locations.)

**WE CAN HELP YOU**

- If you need emergency payment assistance, you may be eligible for various programs. Call or visit MichCon for additional information.
- If you cannot pay the Past Due Balance in full, call or visit MichCon to work out a payment agreement.
- If you are a FIA or welfare recipient, contact your caseworker for assistance.

Name _____	
Address _____	
<b>ACCOUNT NUMBER</b>	CD CAO
PAST DUE BALANCE	\$ _____
TOTAL OWING	\$ _____
DEPOSIT REQUIRED	\$ _____
RECONNECT FEE	\$ _____
OTHER CHARGES	\$ _____

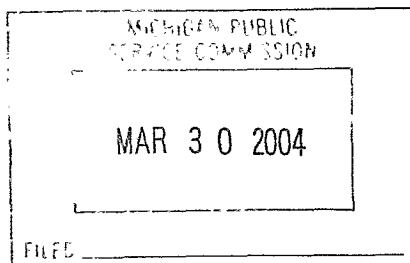
**IMPORTANT**

If your gas service is shut off, you will be required to pay the amounts shown by cash, money order, or certified check. If the name on the account is being changed, picture identification and a Social Security card will be required to turn gas service on in your name.

IF BOX IS CHECKED, WE CANNOT ACCEPT PAYMENT BY PERSONAL CHECK.

54-1 SEP. 00

COLLECTOR NUMBER \_\_\_\_\_ DATE \_\_\_\_\_



Continued on Sheet No. SF-10.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 54-1 (CONTINUED)

9-2000



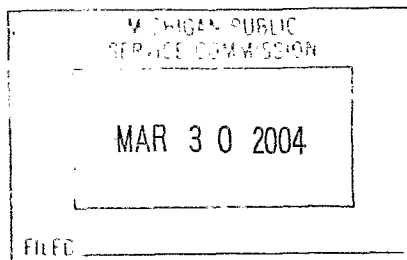
**MICHCON CUSTOMER BUSINESS OFFICE LOCATIONS**

ACCOUNT INFORMATION .....1-800-289-0600

Grand Rapids .....3538 Lake Eastbrook Blvd. S.E.  
Office Hours: 9:00 a.m. - 5:00 p.m. Monday thru Thursday  
9:00 a.m. - 6:00 p.m. Friday

Muskegon .....165 W. Muskegon  
Office Hours: 9:00 a.m. - 5:00 p.m. Tuesday thru Friday  
Closed Monday

Questions regarding bills, budget plans, payment agreements and more  
can be answered by calling MichCon at the phone number on your bill.





FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 67

1-2002

APPLICATION INSTRUCTIONS FOR NATURAL GAS SERVICE WITH MICHCON

DTE Energy Company 2000 2nd Ave., Detroit, MI 48226-1279



Welcome! We are glad you've chosen to sign up for natural gas service with Michcon. To schedule the installation of your natural gas service, please follow these instructions on how to complete the attached form and prepare your property for natural gas service.

SEVEN STEPS TO GETTING NATURAL GAS SERVICE

- 1. Complete the application. Be sure to sign and date the form where noted.
2. Indicate the date you need service on the top of the form. This date should reflect when you believe the site will be ready for gas service.
For new construction:
- The footing or foundation must be installed.
- The building address or Lot# must be visible.
- The site must be leveled within 4 inches of finished grade.
- All obstacles and debris must be removed from the path of the gas service line.
- The gas meter location sticker must be affixed to the building.
3. Read the "Installation Guidelines" section below and complete the sketch of your site plan as shown in the example.
4. Calculate your estimated service line footage and costs on the form. Follow the example below.
5. Mail your completed form and your check or money order in the envelope provided.
6. Once the service line is installed, the following must be completed before the meter can be installed and gas service turn on:
- One natural gas appliance must be in operational condition and connected to the interior fuel line.
- The interior fuel line must be connected to the meter bracket that is located outside.
- The electricity must be turned on.
- Any and all other bottled fuels must be disconnected from the building for safety reasons.

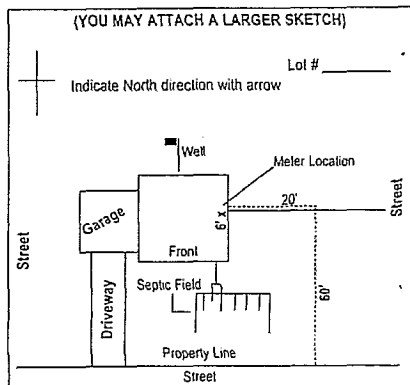
7. Contact MichCon at \_\_\_\_\_ at least two business days in advance to request that the meter be installed and the gas turned on.

INSTALLATION GUIDELINES

When selecting a location for the gas service line and meter, please be aware of the following:

- According to public code, the gas meter must be at least three (3) feet from the electric meter, vents, windows, any other openings to the house.
- The meter must be accessible for MichCon to read the meter.
- For safety and accessibility, if the meter is located on the driveway side of the building, a minimum of three and one-half (3 1/2) feet is needed between the driveway and the building.
- Consider the location of future additions such as a deck, porch or fence. There is an additional charge to relocate the meter.
- Buildings cannot be located over the natural gas service line. MichCon can, however, bore under sidewalks and driveways.
- Public code prohibits gas service line installation in a water or sewer trench. The service line also must be at least three (3) feet from a septic field and cannot run through it.

EXAMPLE DRAWING



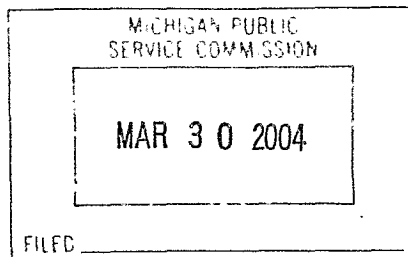
HOW TO ESTIMATE FOOTAGE OF SERVICE LINE

1. Measure, in feet, the distance from your property line to the meter location

-- "A". distance A = 80 (Total estimated footage)

2. Measure, in feet the distance from the corner of the building to the meter location

-- "B". distance B = 6



67 Jan. 02


Continued on Sheet No. SF-11.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 67 (CONTINUED)

1-2002

Need Date	Target Date	APPLICATION FOR THE <b>INSTALLATION OF                  GAS SERVICE LINE/MAIN</b>		 <b>DTE Energy</b> DTE Energy Company 2000 2nd Ave., Detroit, MI 48226-1279
Proj. #	Attch.# or AEP Code			
W.R.#	Org. Unit # Station			
Customer Name		Installation Address		City, Vill., Twp., Mun.
Between Cross Street-Nearest Side Streets and		Zip Code	Subdivision and Lot #	
Billing Address		Building Type	Home Phone	
			Work Phone	
Social Security #	Michigan Drivers License #	Employer		

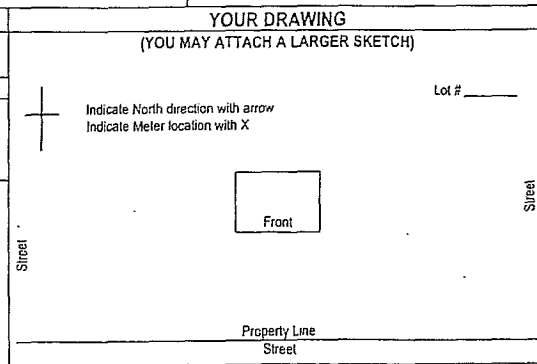
**Construction Status**

Vacant Lot   
  Footing   
  Completed   
  Basement (backfill completion date \_\_\_\_\_)

Framed

**Types of Appliances Used (BTU Input)**

<input type="checkbox"/> Heating _____ BTU	<input type="checkbox"/> Cooking _____ BTU
<input type="checkbox"/> Water Heating _____ BTU	<input type="checkbox"/> Fireplace _____ BTU
<input type="checkbox"/> Clothes Drying _____ BTU	<input type="checkbox"/> Other _____ BTU
TOTAL BTU _____	



**CALCULATING COST OF SERVICE LINE/MAIN**

**CAP Mains (Customer Attachment Program)**

\$200 application fee (non refundable) \_\_\_\_\_

Covers first 2 meters on one building = \$ \_\_\_\_\_

Additional meters \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

\*Winter Rates (if applicable) = \$ \_\_\_\_\_

Excessive service line fee = \$ \_\_\_\_\_

\*\*Fixed Monthly Surcharge = \$ \_\_\_\_\_

-OR-

Lump sum up front amount = \$ \_\_\_\_\_

**TOTAL DUE NOW = \$ \_\_\_\_\_**

The fixed monthly surcharge will begin on the date the gas meter is installed or 6 months from the date of the installation of the gas service line whichever is earlier.

**Pending Contract Mains\*** (main financed by neighbors, builder/developer, or MichCon)

A = \_\_\_\_\_ ft.

Flat Charge 50 ft. or less = \$ \_\_\_\_\_

Next 100 ft. @ \$4.00 per ft. = \$ \_\_\_\_\_

Over 150 ft. @ \$1.00 per ft. = \$ \_\_\_\_\_

Winter Rates (if applicable) = \$ \_\_\_\_\_

**TOTAL PREPAYMENT = \$ \_\_\_\_\_**

\*Winter Construction charge: Additional \$2.00 per ft. from December 15 to March 15. Applies to total footage estimated.

\*\*An AEP surcharge may be applied to your account.

AEP surcharge of \_\_\_\_\_ \$/ccf

**CHECK THE APPROPRIATE BOXES AND SHOW ON YOUR DRAWING IF YOU HAVE ANY OTHER UNDERGROUND FACILITIES.**

Septic field/well   
  Sprinkler system   
  Underground fence

Underground wiring   
  Other \_\_\_\_\_

It is the customers responsibility to indicate their underground facilities within their property lines and provide a location, if known. MichCon will not be liable for damages to customers facilities that are not indicated.

**PLEASE INCLUDE DRAWING:**

- location of driveway and garage

- measurements -- "A" and "B"

Distance A = \_\_\_\_\_ feet (estimated footage from property line to meter location)

Distance B = \_\_\_\_\_ feet (estimated footage from corner of b'ldg. to meter location)

If total CSST fuel line is used, will 2PSI delivery pressure be required?

(if available)  Y  N

Customer acknowledges that the customer payment required may be adjusted if it is determined by MichCon that the actual service line length is different than represented by customer.

**Method of Payment**

For Visa/Master Card customers, I agree to pay the total amount for gas service installation charged in accordance with my credit arrangement, this charge may not appear on my statement within 30 days.

Check # \_\_\_\_\_   
  MasterCard   
  Visa   
 Card Number \_\_\_\_\_   
 Exp. Date \_\_\_\_\_

Money Order   
  Discover   
 Authorized Signature \_\_\_\_\_

I hereby apply to Michigan Consolidated Gas Company for all gas supplied in accordance with the Company's rules, regulations and rate schedules as approved by the Michigan Public Service Commission. I assume full responsibility for the gas charges until I notify the Company and gas service is terminated. I also understand and agree that I am responsible for notifying subsequent purchasers of this property of the Fixed Monthly or AEP surcharges.

Customer Signature and Date		MichCon Representative Signature and Date	
<b>TO BE COMPLETED BY MICHCON</b>			
Account Number	PD's if applicable	Rate/Rev.	
Main Line Size #	No. of Meters	Total Usage	On Main / New Main (Fig. Req.)
GN/Map Plate	MARS	Size of Meters	

**MICHIGAN PUBLIC SERVICE COMMISSION**

**DISTRIBUTION OPERATIONS**

67 Jan. 02

MAR 30 2004  
 FILED

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 83

8-1984

EXEMPTION CERTIFICATE – MICHIGAN SALES TAX

The undersigned purchaser hereby claims to be legally entitled to exemption from Michigan sales tax in connection with the purchase of:

- \_\_\_\_\_ % OF GAS METERED THROUGH METER NO. \_\_\_\_\_ OR ITS REPLACEMENT
- \_\_\_\_\_ % OF GAS METERED THROUGH METER NO. \_\_\_\_\_ OR ITS REPLACEMENT
- \_\_\_\_\_ % OF GAS METERED THROUGH METER NO. \_\_\_\_\_ OR ITS REPLACEMENT
- \_\_\_\_\_ % OF GAS METERED THROUGH METER NO. \_\_\_\_\_ OR ITS REPLACEMENT

Until further notice at (ADDRESS) \_\_\_\_\_

- MATERIAL REQUIRED TO FULFILL THE ATTACHED CONTRACT OR ORDER

EXEMPTION CLAIMED

Property purchased for:

- RESALE (MICHIGAN SALES TAX LICENSE NO. \_\_\_\_\_ )
- OTHER (SPECIFY)

Property purchased by and for use by a non-profit organization:  
(CERTIFICATE BELOW APPLIES.)

- CHURCH OR HOUSE OF RELIGIOUS WORSHIP, FOR USE IN NON-COMMERCIAL ENTERPRISES
- SCHOOL
- HOSPITAL
- HOME FOR THE CARE AND MAINTENANCE OF CHILDREN OR AGED PERSONS
- HEALTH, WELFARE, EDUCATIONAL, CHARITABLE OR BENEVOLENT INSTITUTION OR AGENCY

CERTIFICATION – THE UNDERSIGNED HEREBY CERTIFIES THAT THE ITEMS INDICATED HEREON ARE PURCHASED FOR USE OR CONSUMPTION IN CONNECTION WITH THE OPERATION OF THE EXEMPT INSTITUTION OR AGENCY NAMED IN THE SPACE PROVIDED BELOW AND THAT THE CONSIDERATION FOR THIS PURCHASE MOVES FROM THE FUNDS OF THE DESIGNATED INSTITUTION OR AGENCY. THE PURCHASER AGREES TO REIMBURSE MICHIGAN CONSOLIDATED GAS COMPANY (SELLER) FOR ANY MICHIGAN SALES TAX, PENALTIES, AND INTEREST THAT MAY BE ASSESSED AGAINST THE SELLER BY REASON OF THE SALE OF SAID ITEMS IN THE EVENT THIS CLAIM IS DISALLOWED.

PURCHASER'S NAME	TELEPHONE NO.	SIGNED BY
STREET ADDRESS		TITLE
CITY & STATE	DATE	

83 AUG. 84

MICHIGAN PUBLIC SERVICE COMMISSION

MAR 30 2004

FILED \_\_\_\_\_

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 86

7-2002



86 JUL 02

APPLICATION FOR GAS SERVICE

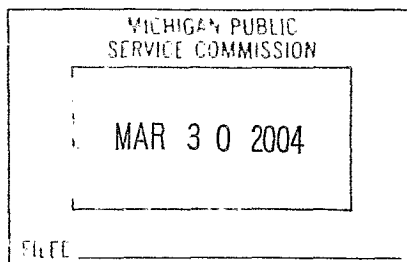
CUSTOMER NAME (LAST, FIRST, M.I.)		SPOUSE		RELEASE <input type="checkbox"/>	DEPOSIT AMOUNT
				DENY <input type="checkbox"/>	
SERVICE ADDRESS		FL./APT.	MUNIC.	TELEPHONE NUMBER	NON GAS AMOUNT
ACCOUNT NUMBER	OFF INDEX	DEPOSIT NUMBER		GAS AMOUNT	
PREVIOUS SERVICE ADDRESS					

REQUIRED IDENTIFICATION DOCUMENTS

SOCIAL SECURITY NUMBER		MICHIGAN DRIVER'S LICENSE	
MICHIGAN STATE I.D.		WELFARE CASE NUMBER	
EMPLOYER NAME		EMPLOYEE I.D. NUMBER	

I HEREBY APPLY TO MICHCON FOR GAS SERVICE AND AGREE TO PAY FOR ALL GAS SUPPLIED IN ACCORDANCE WITH THE COMPANY'S RULES, REGULATIONS AND RATE SCHEDULES AS APPROVED BY THE MICHIGAN PUBLIC SERVICE COMMISSION. I ASSUME FULL RESPONSIBILITY FOR GAS CHARGES UNTIL I NOTIFY THE COMPANY AND SERVICE IS TERMINATED.

APPLICANT SIGNATURE	DATE	MICHCON REP. SIGNATURE	I.D. NUMBER	DATE



FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 100

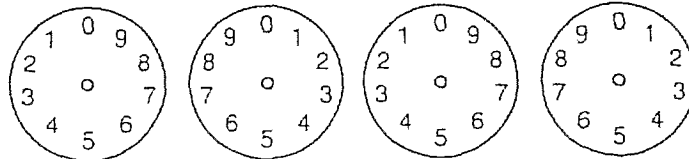
11-2001

MICHIGAN CONSOLIDATED GAS COMPANY  
A DTE ENERGY COMPANY  
METER READING CARD

PLEASE MARK THE POSITIONS OF THE HANDS ON YOUR GAS METER ON THE CORRESPONDING DIALS SHOWN BELOW. OR, IF YOU HAVE A DIGITAL READ METER, ENTER THE NUMBERS IN THE SPACE FOR DIGITAL READS ONLY. IF YOU ARE SERVED THROUGH TWO METERS, SHOW DIAL HAND POSITIONS OF EACH, OR DIGITAL READS, TOGETHER WITH CORRESPONDING METER NUMBERS.

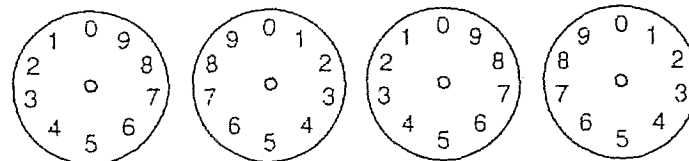
IN ORDER TO BE USED FOR BILLING  
THIS CARD MUST BE MAILED ON \_\_\_\_\_

METER NO. \_\_\_\_\_ FILE POS.



DIGITAL READS ONLY

METER NO. \_\_\_\_\_ FILE POS.



DIGITAL READS ONLY

Account Number \_\_\_\_\_ CD File Pos. \_\_\_\_\_

Address \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

MICHIGAN PUBLIC SERVICE COMMISSION

MAR 30 2004

100 NOV. 01

FILED \_\_\_\_\_

Continued on Sheet No. SF-14.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

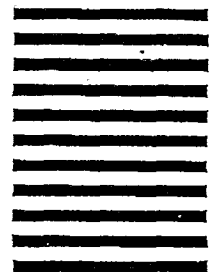
FORM 100 (CONTINUED)

11-2001

CUSTOMER BILLING



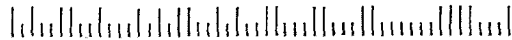
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY CARD**  
FIRST CLASS PERMIT NO. 4825 DETROIT, MICHIGAN

POSTAGE WILL BE PAID BY ADDRESSEE

MICHIGAN CONSOLIDATED GAS COMPANY  
A DTE Energy Company  
BOX 140  
Detroit Michigan 48269-0140



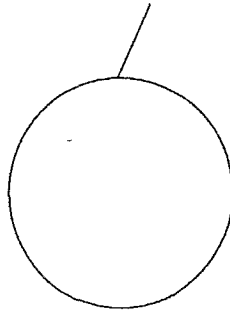
MICHIGAN PUBLIC  
SERVICE COMMISSION  
MAR 30 2004  
FILED

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 148

1-2002



Date \_\_\_\_\_  
SERVICE EMPLOYEE

OUR SERVICE EMPLOYEE CALLED AND WAS UNABLE TO GAIN ADMITTANCE.

Please call **michcon** A DTE Energy Company to investigate for new gas service.  
Phone 616-632-2664

Please call **michcon** A DTE Energy Company to connect gas piping to new service.  
Phone 616-632-2664

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

THANK YOU!

**michcon**  
A DTE Energy Company



148 JAN. 02

MICHIGAN PUBLIC SERVICE COMMISSION  
MAR 30 2004  
FILED \_\_\_\_\_

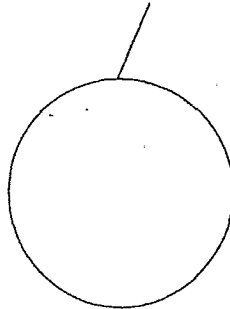
Continued on Sheet No. SF-15.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 148 (CONTINUED)

1-2002



Fecha  
EMPLEADO DE SERVICIO

NUESTRO EMPLEADO DE SERVICIO NO PUDO ENTRAR.

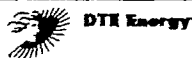
Favor de llamar a **michcon**, una compania de DTE Energy, para una inspeccion acerca de un nuevo servicio de gas.  
Teléfono 616-632-2664

Favor de llamar a **michcon**, una compania de DTE Energy, para conectar la tubería al nuevo servicio de gas.  
Teléfono 616-632-2664

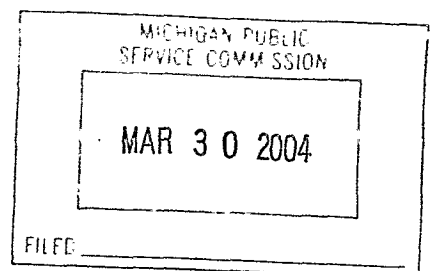
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

¡MUCHAS GRACIAS!

**michcon**, una compania de DTE Energy



148 JAN. 02





FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 149

12-1993

149 DEC.93

DOUBLE NOTICE PROTECTION PLAN

CUSTOMER'S NAME (PLEASE PRINT)	PHONE NUMBER
--------------------------------	--------------

CUSTOMER'S ADDRESS (PLEASE PRINT)

CITY	STATE	ZIP CODE
------	-------	----------

CUSTOMER'S SIGNATURE	CHECK HERE IF YOU ARE OVER 65 <input type="checkbox"/>
----------------------	--

THIRD PARTY'S NAME (PLEASE PRINT)	PHONE NUMBER
-----------------------------------	--------------

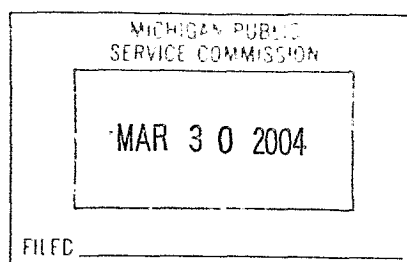
THIRD PARTY'S ADDRESS (PLEASE PRINT)

CITY	STATE	ZIP CODE
------	-------	----------

THIRD PARTY'S SIGNATURE

FOR COMPANY USE ONLY

CC	CUSTOMER'S ACCOUNT NUMBER
----	---------------------------



Continued on Sheet No. SF-16.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 149 (CONTINUED)

12-1993

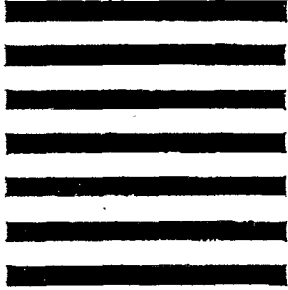
ATTN: ACTIVE  
ACCOUNTS



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
First Class Permit No. 4825      Detroit, Michigan

POSTAGE WILL BE PAID BY ADDRESSEE



MICHIGAN CONSOLIDATED GAS COMPANY  
BOX 33176  
DETROIT, MICHIGAN 48232

MICHIGAN PUBLIC  
SERVICE COMMISSION  
MAR 30 2004  
FILED \_\_\_\_\_

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 202

7-2002



**CREDIT AGREEMENT**  
(FOR NON-RESIDENTIAL CUSTOMERS ONLY)

Account name		Account Number			
Service Address			Municipality		
Total Owing \$	Arrears \$	Total Months		Initial Payment \$	
Approved By					Date

It is agreed that effective immediately, in consideration for continued gas service, the customer shall make payments as herein listed to MichCon.

**TERMS**

DUE DATE	PAYMENT AMOUNT	DUE DATE	PAYMENT AMOUNT	DUE DATE	PAYMENT AMOUNT

Undisputed gas charges for future use are covered in this agreement and if not paid on or before their respective current bill due dates, this agreement is in default.

The customer's signature on this document constitutes full and complete agreement with, and acceptance of, gas charges billed to date hereof. Additionally, the customer expressly waives his/her rights to litigation of the subject matter contained in this agreement.

Failure to comply with any conditions of this agreement shall result in the total owing being immediately due and payable and initiation of collection action including, but not limited to, discontinuance of gas service.

All payments must be made in cash (only if in person), money orders or cashiers check.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

ACCEPTED AND AGREED:

Customer's Signature	Date	MichCon Representative	Date
Customer's Name and business Title (Print)		MichCon Representative (Print)	

202 JUL 02

White Copy - Collection Office

MICHIGAN PUBLIC  
Yellow Copy - Customer

MAR 30 2004

FILED \_\_\_\_\_

Pink Copy - Office

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 204

2-1999



Michigan Consolidated Gas Company  
Box 900, Detroit, Michigan 48268-0900

**CREDIT AGREEMENT**

I AGREE TO PAY MICHCON FOR BILLED GAS SERVICE IN THE AMOUNTS \_\_\_\_\_ IN PAYMENTS AS SHOWN BELOW PLUS ALL FUTURE UNDISPUTED GAS SERVICE BILL BY THEIR RESPECTIVE CURRENT BILL DUE DATES. I UNDERSTAND IF THIS AGREEMENT IS IN DEFAULT AND INCLUDES ARREARS FOR WHICH A DISCONNECT NOTICE WAS SENT SERVICE MAY BE SHUT OFF WITHOUT FURTHER WRITTEN NOTICE DURING THE FIRST 60 DAYS THE COMPANY IS NOT REQUIRED TO ENTER INTO ANY SUBSEQUENT AGREEMENT (ALLOW 2 DAYS FOR PAYMENT TO REACH US BY DUE DATE).

AMOUNT	DUE DATE	Company Telephone No.		
		Customer's Name		
		Customer's Address		F/Apt.
		City	State	Zip Code
		Date	Account Number	
		Initial Payment	Due Date	Total Amount
				CAO

For Service At

IF YOU ARE NOT SATISFIED WITH THE TERMS OF THIS AGREEMENT, DO NOT SIGN. YOU MAY FILE AN INFORMAL COMPLAINT AND HAVE A HEARING BEFORE A UTILITY HEARING OFFICER BEFORE YOUR SERVICE MAY BE SHUT OFF.

IF YOU DO SIGN THIS AGREEMENT YOU GIVE UP YOUR RIGHT TO AN INFORMAL HEARING BEFORE A UTILITY OFFICER ON ANY MATTER INVOLVED IN THIS DISPUTE EXCEPT THE UTILITY'S FAILURE OR REFUSAL TO FOLLOW THE TERMS OF THIS AGREEMENT.

Customer's Signature	Date
Company's Representative	I.D. No.
	Date

This agreement shall be void if gas service is shut off the same day the agreement is made.

NOTE: If gas service is shut off, all past due gas charges, a security deposit and a reconnect charge must be paid to have gas service restored.

Please enter your ADDRESS or your ACCOUNT NUMBER on all payments.

IMPORTANT - RETURN COMPANY COPY WITHIN THREE DAYS IN THE ENCLOSED PREPAID SELF-ADDRESS ENVELOPE. THANK YOU

204 Feb. 99 Yellow Copy - COMPANY White Copy - CUSTOMER

MICHIGAN PUBLIC SERVICE COMMISSION

MAR 30 2004

FILED \_\_\_\_\_

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 209

1-2000

Application for Gas Service

APPLICATION NUMBER: \_\_\_\_\_ CSP CATEGORY: (CIRCLE) 1 2 3 4 5 6  
 Applicant's Name \_\_\_\_\_ Facility \_\_\_\_\_ SIC Code \_\_\_\_\_ Service Need Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_ Municipality \_\_\_\_\_ Service Address \_\_\_\_\_ Municipality \_\_\_\_\_

Type Code:  New Construction  Equipment Conversion Service:  New Main:  Not Adequate  
 Expansion  Extension  Adequate

Describe Gas Use(s) in Detail	Describe Type of Equipment and Designated Gas Input (Cfh)	Annual Gas Consumption (Mcf) (NET)
		Avg. Monthly Mcf Volume:

The aforementioned applicant at said address applies to Michigan Consolidated Gas Company (hereinafter referred to as the "Company") for gas service to be supplied at the service address and the type of facility stated above. Gas is to be used for reason(s) stated above and consumed in the equipment stated above. The maximum gas consumption for the uses listed above is estimated at \_\_\_\_\_ cubic feet per hour and \_\_\_\_\_ Mcf per year and shall be purchased under the Company's Rate Schedule(s) No. (s) \_\_\_\_\_. Initiation of gas service is requested for the \_\_\_\_\_ quarter of 20\_\_\_\_. Applicant agrees that the application shall not be effective unless approved by the Company and if approved shall apply only to the gas volumes and gas using equipment or processes listed above. If other gas service is desired an application therefore must be submitted.

Signature (Applicant or Authorized Agent) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_  
 X ( )

CONSULTANT NAME/ORGANIZATION: \_\_\_\_\_ Application Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

ATTACHMENT APPROVED BY: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

MICHIGAN PUBLIC SERVICE COMMISSION  
 MAR 30 2004  
 FILED \_\_\_\_\_

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 214

8-2002

[This Form has been Cancelled.]

MICHIGAN PUBLIC  
SERVICE COMMISSION

MAR 30 2004

FILED \_\_\_\_\_

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 261

3-1990

**michcon** Michigan Consolidated Gas Company  
500 Griswold Street, Detroit, Michigan 48226

COMMERCIAL AND INDUSTRIAL APPLICATION/CONTRACT FOR GAS

RELEASE _____
DENIAL _____
TAX I.D. NO. _____

NAME OF GAS ACCOUNT	TYPE OF BUSINESS	BUSINESS TELEPHONE
SERVICE ADDRESS	MAILING ADDRESS	HOME TELEPHONE

IF THE ACCOUNT IS TO BE CARRIED IN THE NAME OF AN INDIVIDUAL — DO NOT COMPLETE THIS SECTION

CORPORATE OFFICERS OR PARTNERS

POSITION	NAME	HOME ADDRESS	CITY & STATE	ZIP CODE
President				
Vice President				
Secretary				
Treasurer				
CO-PARTNERSHIPS Partner				
Partner				
Partner				

ACCOUNTS CARRIED IN NAME OF INDIVIDUAL

NAME	HOME ADDRESS	CITY & STATE	ZIP CODE
EMPLOYER NAME	YEARS	EMPLOYER ADDRESS	SOCIAL SECURITY NUMBER

PROPERTY INFORMATION

NAME/ADDRESS OF PROPERTY OWNER	
YEARS OWNED	TELEPHONE NUMBER

BANK INFORMATION

NAME OF BANK(S)
BRANCH LOCATION

INFORMATION FURNISHED BY

NAME	ADDRESS	
TITLE	TYPE OF I.D.	I.D. NUMBERS

MICHCON COMPANY USE

FORMER/CURRENT GAS ACCOUNT NAME & ADDRESS			CREDIT CODE	
OFF DATE	YR/MO USING	CREDIT REPORTING AGENCY	RATING	
BASE LOAD	HEAT FACTOR	COLLECTION ANALYST	TAKEN BY I.D.	DATE
DEPOSIT AMOUNT REQUESTED	DEPOSIT ARRANGEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPOSIT AMOUNT PAID	DEPOSIT NUMBER	BILLS OWING
REMARKS				

THE APPLICANT HEREBY ACKNOWLEDGES THAT THE ABOVE APPLICATION IS AN OFFER TO PURCHASE GAS AND RELATED SERVICES FROM MICHCON UPON REVIEW OF SAID APPLICATION MICHCON MAY ACCEPT SAID OFFER THEREBY FORMING A BINDING AGREEMENT. APPLICANT HEREBY ACKNOWLEDGES THAT THE PRICE AND CONDITIONS OF SERVICE FOR GAS ARE DETERMINED BY THE STATE REGULATORY AGENCY. THE APPLICATION OFFER IS MADE WITH THIS KNOWLEDGE AND APPLICANT AGREES TO THOSE TERMS. NEITHER APPLICANT NOR MICHCON WAIVES ANY RIGHTS UNDER MICHIGAN LAW

APPLICANT SIGNATURE	DATE	MICHCON REPRESENTATIVE SIGNATURE	DATE
---------------------	------	----------------------------------	------

261 MAR 20 FOR SECURITY DEPOSIT INFORMATION - SF 261 BACK OF CUSTOMER COPY COPY 1 - COMPANY COPY 2 - CUSTOMER

MAR 30 2004  
FILED

Continued on Sheet No. SF-21.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 261 (CONTINUED)

3-1990

**CREDIT DIVISION CHECKLIST**

- YES  NO IS THE NAME AND ADDRESS ON THE APPLICATION THE SAME AS THE ONE ON THE SYSTEM?
- YES  NO IS THE SMA ON THE SYSTEM?
- YES  NO IS THE APPLICATION SIGNED BY AN AUTHORIZED PERSON?
- YES  NO DEPOSIT OR CREDIT RATING INFORMATION COMPLETED?

**DEPOSIT ALTERNATIVES**

(DOCUMENTS SHOULD BE ATTACHED TO APPLICATIONS)

- SURETY BONDS: CUSTOMER OBTAINS SURETY BOND FOR THE AMOUNT OF THE DEPOSIT FROM THEIR INSURANCE COMPANY.
- LETTER OF CREDIT: CUSTOMER OBTAINS A LETTER FOR THE AMOUNT OF THE DEPOSIT FROM THEIR BANK.
- DEPOSIT AGREEMENT (F965): AN AGREEMENT TO PAY DEPOSIT ON INSTALLMENTS, APPROVAL MUST BE GRANTED. BY \_\_\_\_\_
- YES  NO IF THIS IS A METER SET, WERE THE BTU FACTORS OBTAINED ON EACH APPLIANCE AND NOTED ON THE APPLICATION BEFORE RELEASING SERVICE?
- YES  NO DID THE REPRESENTATIVE INCLUDE THEIR NAME, I.D. NUMBER AND LOCATION?
- YES  NO ARE REQUIRED PAPERS ATTACHED?
  - LETTER OF AUTHORIZATION: NOTARIZED LETTER, SIGNED BY OFFICER, ON BUSINESS LETTERHEAD AUTHORIZING PERSON TO TURN GAS ON.
  - ARTICLES OF INCORPORATION: PAPERS REQUIRED WHEN SERVICE IS PLACED IN A CORPORATE NAME, SHOULD INCLUDE A LIST OF THE OFFICERS OF SAID CORPORATION AS WELL AS THE FACE PAGE AND MUST BE FILED STAMPED. NOTE: BEFORE ARTICLES OF INCORPORATION ARE ACCEPTED FROM ANOTHER STATE, THEY MUST BE FILED WITH THE STATE OF MICHIGAN OR A MICHIGAN COUNTY OFFICE.
  - ASSUMED NAME CERTIFICATE: REQUIRED WHEN SERVICE IS TO GO ON IN AN ASSUMED NAME (i.e. BOB'S NURSERY). IT WILL LIST PARTNERS OF THE ASSUMED NAME AND MUST BE FILED STAMPED.
  - CERTIFICATE OF CO-PARTNERSHIP: REQUIRED WHEN SERVICE IS REQUESTED TO GO ON IN THE CO-PARTNERSHIP NAME. PERSON SIGNING SHOULD BE LISTED ON CERTIFICATE AND MUST BE FILED STAMPED.
  - CERTIFICATE OF AMENDMENT OF THE ARTICLE OF INCORPORATION: WHEN AN ARTICLE HAS BEEN CHANGED, A CERTIFICATE OF AMENDMENT **MUST** BE ATTACHED.
  - CERTIFICATE OF CURRENT CORPORATE OFFICERS: IF OFFICERS OF A CORPORATION HAVE CHANGED AND CERTIFICATE OF AMENDMENT HAS NOT YET BEEN OBTAINED, THIS FORM IS ACCEPTABLE.
  - STATE LICENSE: IF ACCOUNT IS FOR A HOSPITAL, NURSING HOME, ADULT FOSTER CARE FACILITY.
  - MICHIGAN ANNUAL REPORT: FORM REQUIRED WHEN SERVICE IS REQUESTED AND IS TO BE PLACED IN A NON-PROFIT, CORPORATE NAME.
  - PROOF OF OWNERSHIP: IF ACCOUNT IS A MULTIPLE DWELLING.

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

MICHIGAN PUBLIC SERVICE COMMISSION
MAR 30 2004
FILED _____

Continued on Sheet No. SF-21.02



FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSIONMICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 261 (CONTINUED)

3-1990

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**SECURITY DEPOSIT INFORMATION**

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A Security Deposit equal to 25% of annual estimated usage may be required from commercial and/or industrial customers, including centrally metered apartment buildings for the following conditions:

New MichCon customers may be required to pay a security deposit if:

- Service will be rendered for less than 12 months;
- The customer has existing bad debt with any utility regulated by the Michigan Public Service Commission (MPSC) or has an unfavorable credit rating or no established credit rating with a credit reporting agency;
- The customer exhibits an unsatisfactory bill payment record within the first six months of service.

Existing MichCon customers also may be required to pay a security deposit if:

- Two or more final disconnect notices have been issued within the most recent 12-month period;
- Service has been discontinued for nonpayment;
- There has been unauthorized tampering with the gas service system.

MichCon

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MICHIGAN PUBLIC SERVICE COMMISSION
MAR 30 2004
FILED _____

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 303

8-2001

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Dear Customer,

We recently received your check/money order. However, we are returning it to you for the reason shown below.

Please submit a replacement check as necessary. Your cooperation will be appreciated. Thank you.

- |  |  |
|--|--|
| <input type="checkbox"/> NOT SIGNED                                | <input type="checkbox"/> HAS BEEN ALTERED                    |
| <input type="checkbox"/> NOT ENDORSED                              | <input type="checkbox"/> DRAWN IN TWO DIFFERENT AMOUNTS      |
| <input type="checkbox"/> NOT FOR MICHIGAN CONSOLIDATED GAS COMPANY | <input type="checkbox"/> CASHIER'S CHECK OR MONEY ORDER ONLY |
| <input type="checkbox"/> CHECK DRAWN FOR INCORRECT AMOUNT          |  |

303 Aug. 01

MICHIGAN PUBLIC SERVICE COMMISSION

MAR 30 2004

FILED \_\_\_\_\_

**michcon**  
A DTE Energy Company

FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 333

6-1989

**michcon**  
**PAYMENT RECEIPT—DUPLICATE BILL**  
 — PLEASE PRINT —

OFFICE USE ONLY	
ACCOUNT NUMBER	CD   CAO

NAME (AS IT APPEARS ON BILL): \_\_\_\_\_

ADDRESS (WHERE GAS IS USED): \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER (WHERE YOU CAN BE REACHED): \_\_\_\_\_

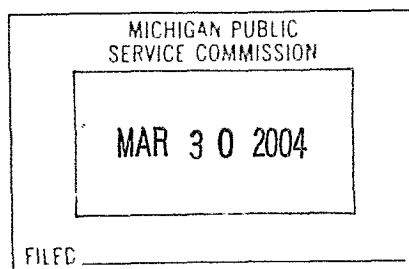
TELLER'S STAMP

FROM	TO	DOLLARS	CENTS	APP. TO
TOTAL				
BY	DATE	IS THIS TO BE APPLIED TO A PAYMENT AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

333 JUN. 89

WHITE COPY: Return With Your Remittance

YELLOW COPY: Customer Copy



FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 525

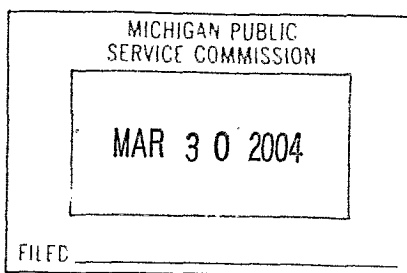
1-1992

***michcon***  
PAYMENT RECEIPT

Amount Paid \$ \_\_\_\_\_

525 Jan. 92

Receipt not valid without Teller Stamp



FORMS ON FILE WITH THE MICHIGAN PUBLIC SERVICE COMMISSION

MICHIGAN CONSOLIDATED GAS COMPANY

FORM 532

2-1992

***michcon***  
DEPOSIT RECEIPT

Deposit Sum: \$ \_\_\_\_\_

OFFICE USE ONLY	
Account Number	CD
Account Name	
By	Date

OFFICE USE ONLY

532 Feb. 92

Receipt not valid without Teller Stamp

MICHIGAN PUBLIC SERVICE COMMISSION

MAR 30 2004

FILED \_\_\_\_\_

Continued on Sheet No. SF-25.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSIONMICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 532 (CONTINUED)

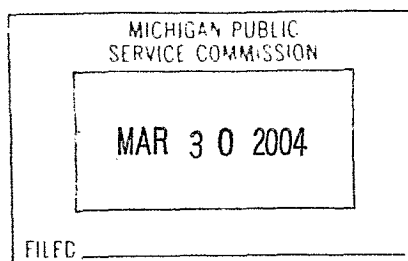
2-1992

You May Pay This Bill At Company Offices or Mail To:

**MICHCON**  
**Box 900**  
**Detroit, MI 48268-0900**Security Deposit Terms

THE DEPOSIT SUM, IF ANY, INCLUDED ON THE REVERSE SIDE IS SECURITY FOR PAYMENT FOR UTILITY SERVICE AT THE STATED ADDRESS. THIS DEPOSIT AND ACCRUED INTEREST AS AUTHORIZED BY THE MICHIGAN PUBLIC SERVICE COMMISSION, SHALL BE REFUNDED UPON SATISFACTORY PAYMENT OF ALL PROPER CHARGES FOR UTILITY SERVICE FOR A PERIOD OF 12 CONSECUTIVE MONTHS FOR RESIDENTIAL SERVICE. PAYMENT IS SATISFACTORY IF MADE PRIOR TO ISSUANCE OF A NOTICE OF DISCONTINUANCE OF SERVICE NOT IN DISPUTE AND THE COMPANY MAY REFRAIN FROM MAKING REFUND PENDING RESOLUTION OF SUCH DISPUTE. DEPOSITS REQUIRED FOR UNAUTHORIZED USE, DIVERSION, OR INTERFERENCE MAY BE RETAINED BY THE UTILITY FOR A PERIOD OF 24 MONTHS AND REFUNDED UPON SATISFACTORY PAYMENT DURING THE LAST 12 MONTHS OF THE RETENTION PERIOD. FOR COMMERCIAL AND INDUSTRIAL CUSTOMERS, DEPOSIT AND ACCRUED INTEREST SHALL BE REFUNDED UPON BILL PAYMENT ON OR BEFORE THE SUE DATE FOR 12 CONSECUTIVE MONTHS.

UPON TERMINATION OF SERVICE THIS DEPOSIT WITH ACCRUED INTEREST SHALL BE CREDITED TO THE FINAL BILL AND THE BALANCE, IF ANY, SHALL BE RETURNED TO THE CUSTOMER. THIS DEPOSIT IS NOT TRANSFERABLE. PLEASE RETAIN YOUR COPY OF THE DEPOSIT RECEIPT.



FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 557

1-1988



Michigan Consolidated Gas Company  
500 Griswold Street, Detroit, Michigan 48226

CUSTOMER INQUIRY VERIFICATION CARD

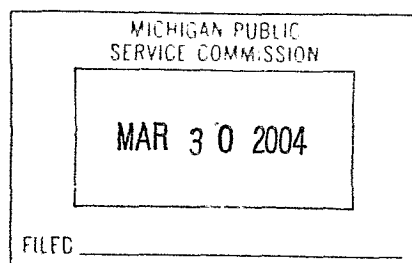
557 JAN 88

THANK YOU FOR YOUR RECENT INQUIRY TO US REGARDING:

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

We will investigate the matter promptly and notify you of the results by telephone, personal visit or letter within 30 days.

TELEPHONE NUMBER \_\_\_\_\_



Continued on Sheet No. SF-26.01

FORMS ON FILE WITH THE MICHIGAN PUBLIC  
SERVICE COMMISSION

MICHIGAN CONSOLIDATED  
GAS COMPANY

FORM 557 (CONTINUED)

1-1988

ACCOUNT NO. \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

PLACE \_\_\_\_\_

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

557 JAN. 88

MICHIGAN PUBLIC SERVICE COMMISSION
MAR 30 2004
FILED _____