

**Your group is responsible**

**for contacting**

**Columbia Gas**

**to establish natural gas service.**

Please designate one person to contact Columbia Gas to have service transferred into their name.

This must be done by **August 1, 2018.**

Please fax or email the **account number** to us (We will NOT accept the confirmation number. We MUST have your actual account number).

Fax:         (814-234-6697)

Email:      hsh@arpm.com

Reference your building and apartment number with your communication.

This MUST be done BEFORE keys will be issued to anyone in your group.