

**AMERICAN ARBITRATION ASSOCIATION  
 SUPPLEMENTARY PROCEDURES FOR  
 CONSUMER-RELATED DISPUTES  
 GEORGIA NATURAL GAS (“GNG”) CLAIM FORM**

**How to file a claim; consumers should:**

- Fill out this form and retain one copy for your records.
- Mail a copy of this form to the AAA, to:  
 AAA’s Case Filing Services, 1101 Laurel Oak Road  
 Suite 100, Voorhees, NJ 08043.
- Send a copy of this form to GNG. It will pay any required fee.

**How to file a claim; GNG should:**

- Fill out this form and retain one copy for your records.
- Mail a copy of this form and your check or money order made payable to the AAA, to:  
 AAA’s Case Filing Services, 1101 Laurel Oak Road  
 Suite 100, Voorhees, NJ 08043. Please consult Section C-8 of the  
 Supplementary Procedures for Consumer-Related Disputes for the  
 appropriate fee.
- **Send a copy of this form to the consumer by registered mail,  
 return receipt requested.**

- 1** How is this claim being filed? Check only one.
- By request of the consumer (A copy of the arbitration agreement **must** be attached. A copy of this form **must** also be sent to the business)
- By request of GNG (A copy of the arbitration agreement **must** be attached. A copy of this form **must** also be sent to the consumer by registered mail return receipt requested)
- or-
- By mutual agreement (“submission”) of the parties (both parties **must** sign this form)

**2** Briefly explain the dispute.

**3** Do you believe there is any money owed to you?  Yes  No If yes, how much? \_\_\_\_\_

**4** Are you seeking any other relief?  Yes  No  
 If yes, what is it?

**5** Preferred hearing locale (if an in-person hearing is held) \_\_\_\_\_

**6** Amount enclosed: NOT APPLICABLE FOR THE CONSUMER \_\_\_\_\_

**7** Fill in the following information:

**Consumer**

Name of Consumer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Signature of Consumer \_\_\_\_\_  
 Representative \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Business**

Name of Business Georgia Natural Gas Attn: Trish McFadin  
 Address 817 W. Peachtree Street, N.E., Suite 1000  
 City/State/Zip Atlanta, Georgia 30308  
 Telephone 404-685-4000  
 Fax 404-685-4030  
 Email Address customerservice@onlygng.com  
 Signature of Business \_\_\_\_\_  
 Representative \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_