

**AMERICAN ARBITRATION ASSOCIATION
SUPPLEMENTARY PROCEDURES FOR
CONSUMER-RELATED DISPUTES**

OHIO NATURAL GAS 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 Ohio Natural Gas. It will pay any required fee.

How to file a claim; businesses 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 the business (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 Ohio Natural Gas Attn: Trish McFadin

Address P.O. box 14657

City/State/Zip Cleveland, Ohio 44114

Telephone 404.685.4000

Fax 404.685.4118

Email Address customerservice@onlyong.com

Signature of Business _____

Representative _____

Firm _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

Email Address _____