To order FREE copies of the “Responding to Natural Gas Emergencies” brochure, please complete the following information. Email completed order form to pipelinesafety@piedmontng.com.

Emergency Agency Name: ___________________________________________

Department Leader: ________________________________________________

Position Title: _____________________________________________________

Geographic Area of Coverage/Responsibility: __________________________

____________________________________________________________________

Physical Address: ___________________________________________________

Mailing Address (if different): _________________________________________

____________________________________________________________________

Email Address: ______________________________________________________

Phone Number: _____________________________________________________

Agency Type: _______ Emergency Response Dispatch
________ HAZMAT
________ Emergency Management Planning
________ Emergency Medical Services
________ Law Enforcement
________ Pipeline Regulator
________ Fire, provide your Public Protection Classification (PPC) Rating = ______

Station Type: _______ Full Time
________ Full Time/Volunteer
________ Volunteer
________ Military
________ Other

Total number of personnel: ______ Full Time & ______ Volunteer

When was the last time you, or anyone in your organization met with any representatives from Piedmont Natural Gas?

_______ Less than 12 Months  ________ More than 12 Months  ________ Never

Would you like someone from Piedmont Natural Gas to contact you about emergency coordination in an incident or natural gas training?  ________ Yes  ________ No

Number of FREE Brochures you would like for your department? ________________