



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? _____

