



# Cabot Oil & Gas Corporation

## Owner Inquiry Form

Name: \_\_\_\_\_

Owner Number (*Six-digit number beginning with a "4"*): \_\_\_\_\_

Street Address: \_\_\_\_\_

Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_