



GAS SERVICE LOAD AND LOCATION REQUEST FORM

SERVICE LOCATION INFORMATION

CUSTOMER NAME: _____

STREET ADDRESS: _____

CITY: _____ PHONE NUMBER: _____

CIRCLE ALL THAT APPLY:

SINGLE FAMILY MULTI-FAMILY COMMERCIAL INDUSTRIAL

IS THE FOUNDATION UP? YES / NO

IS THE FRAMING UP? YES / NO?

LEVEL OF COMPLETION DOES NOT DETERMINE PRIORITY OF SERVICE INSTALLATION

If this form isn't COMPLETED in its entirety, we will not proceed with your request.

NATURAL GAS REQUIREMENTS

PLEASE PROVIDE THE TOTAL MAXIMUM GAS LOAD REQUIRED FOR THE LOCATION:

(IF THE APPLIANCE/APPLICATION IS NOT LISTED BELOW PLEASE NAME USE AND BTU LOAD)

HEAT:	(EXAMPLE 100,000 BTU)	COMMERCIAL BOILER:	
HEAT:		HEAT TREAT OVEN:	
WATER HEATER:		GENERATOR:	
STOVE:			
FIREPLACE:			
DRYER:			
POOL HEATER:			
GRILL:			
FRYER:			
OVEN:			

TOTAL BTU/HR: _____

DELIVERY PRESSURE: _____

YOUR LICENSED GAS PLUMBER CAN ASSIST IN COMPLETING THIS PORTION.

BY WAY OF THIS SIGNATURE, I AGREE THAT I WILL BE RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH ANY REVISIONS, BEFORE OR AFTER INSTALLATION, DUE TO INFORMATION CONTRARY TO THAT ABOVE.

CUSTOMER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

GAS MAIN SIZE (CIRCLE ONE): 2" 3" 4" 6" OTHER: _____

SERVICE LINESIZE: _____ RISER SIZE: _____ EFV SIZE: _____

METER: _____ CAPACITY: _____

REGULATOR: _____ OTHER: _____

TAP FEE: _____