

# New Gas Service Installation Form

FIF# \_\_\_\_\_



Tel: 888-639-4270  
 Fax: 978-691-6480  
[www.columbiagasma.com](http://www.columbiagasma.com)

The foundation must be in and backfilled before we will process this request.

Please include in your drawing:

- |                                      |                                    |  |
|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> House       | <input type="checkbox"/> Sewer     | <input type="checkbox"/> Retaining Walls       |
| <input type="checkbox"/> Street      | <input type="checkbox"/> Septic    | <input type="checkbox"/> Underground Sprinkler |
| <input type="checkbox"/> Gas Service | <input type="checkbox"/> Telephone | <input type="checkbox"/> Other obstructions    |
| <input type="checkbox"/> Water/Well  | <input type="checkbox"/> Electric  |  |
|                                      | <input type="checkbox"/> Cable     |  |

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Builder/Developer \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Development/Project \_\_\_\_\_ Lot # \_\_\_\_\_

Service Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Office \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Length of service from street to meter location \_\_\_\_\_ Square footage of house \_\_\_\_\_

**Gas Load Input** (can be found on plate affixed to the appliance, or check with your contractor)  
 Enter total number of appliances and total BTU input. (Necessary for proper meter and service size)

Equipment	# of units	Total BTU input
Heating		
Water Heater		
Range		
Dryer		

Equipment	# of units	Total BTU input
Pool Heater		
Gas Fireplace		
Generator		
Other		