

New Gas Service Installation Form

FIF# _____

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 _____

Name _____ E-mail address _____

Service Address _____

City/Town _____ State _____ Zip _____

Phone h. _____ w. _____ c. _____

Length of service to meter _____ Square footage of house _____

Heating Contractor _____ Phone _____

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		