

Attachment A

Project Business Name _____

Project Address & City: _____

1. Is the existing delivery pressure adequate for the new equipment? Y N
 Requested delivery pressure at inlet of meter: 7" wc 2 PSI other _____
2. Square footage of building/addition _____
3. Size & length of existing *or proposed* customer service line _____
4. Existing Meter Number (If applicable) _____
5. Date you are requesting service by (**Please Do Not Use "ASAP"**) _____
6. Project contact information:
 Name _____
 Address _____
 E-mail _____
 Phone _____

<u>Existing Gas Equipment</u>	<u># of Units</u>	<u>Connected BTU/hr</u>	<u>Total BTU/hr</u>
<i>Example: Rooftop Units</i>	4	100,000	400,000
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>New Equipment (to be added)</u>	<u># of Units</u>	<u>Connected BTU/hr</u>	<u>Total BTU/hr</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Existing Load from above _____

Added (New) Load _____

Total Load

Additional Information:

** If no pressure is requested, standard delivery of 7" water column will be given.

For Office Use Only: PSID Number: _____