



THE POWER OF ACTION

GAS SERVICE REQUEST

Contractor Service Phone # (800)664-6729 Fax # (800)882-0322

NOTE: ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS REQUEST

Type of Service: Residential Industrial Apartment Municipal Commercial

Person/Company Responsible for Billing: _____

Mailing Address: House # _____ Street _____

Town/Village/City _____ State **NY** Zip Code _____ Email Address _____

Telephone #: _____ Day Time Contact Telephone #: _____

Existing or Prior Customer - Account #: _____ - _____ SS# or EIN# _____

Service Address: House # _____ Street _____

Bldg #/Floor _____ / _____ Unit _____ Lot # _____

Town/Village/City _____ County _____ State **NY** Zip Code _____

Is this a Business (Y/N) _____ If so what type _____

Type of Structure: Mobile/Modular Y/N _____ Mobile Modular Other

Foundation Completed By: ___/___/___ (mm/dd/yy) Structure Framed: _____ (Y/N)

To Be Framed/Delivered By: ___/___/___ (mm/dd/yy)

Contractor Name: _____ Contractor Telephone: _____

Fax #: _____ Estimated Date Service Requested: _____

Number of Meters: _____ Total Proposed Load (BTU): _____

Appliances/Units to be Connected/Installed:

Heat Hot Water Stove Clothes Dryer Fireplace Pool Heater Other: _____

Service to be Installed at: Conversion Home New Home Increase Service

Conversion Commercial New Commercial Oil Conversion

Nearest Neighbors Address: _____

Is there a gas main on your Street/Road: _____

Customer's Signature: _____

FOR OFFICE USE ONLY:

Date Fax Received _____ GSR NUMBER: _____ Existing Lateral: Yes No