

IN ORDER TO PROCESS YOUR REQUEST FOR GAS SERVICE, THE FOLLOWING INFORMATION IS REQUIRED.

PROJECT ADDRESS:	CITY:	STATE:	ZIP:
PROJECT CONTACT NAME:		PHONE NUMBER:	
EMAIL:			

EXISTING GAS EQUIPMENT REMAINING ON PREMISES

PLEASE ENTER THE TYPE OF EQUIPMENT (E.G. "HEAT", "WH", "COOKING", ETC.), AFUE RATING, THE QUANTITY OF UNITS, MODEL NUMBER, EQUIPMENT GAS PRESSURE AND BTU'S PER UNIT AND TOTAL BTU'S OF GAS LOAD.

TYPE	MODEL	EQUIPMENT PRESSURE		QTY.	BTU INPUT RATING PER UNIT	BTU INPUT RATING TOTAL
		MIN.	MAX.			

EXISTING NATIONAL GRID GAS ACCOUNT NUMBER _____ TOTAL EXISTING BTU INPUT _____

NEW GAS EQUIPMENT TO BE INSTALLED ON PREMISES

TYPE	AFUE	MODEL	EQUIPMENT PRESSURE		QTY.	BTU INPUT RATING PER UNIT	BTU INPUT RATING TOTAL
			MIN.	MAX.			

TOTAL NEW BTU INPUT _____

TOTAL EXISTING AND NEW BTU INPUT _____

PLEASE CHECK: RES. 1 TO 5 FAMILY MULTIFAMILY 6+ COMMERCIAL NEW CONSTRUCTION EXISTING STRUCTURE

OTHER ENERGY EFFICIENCY ON THIS PROJECT: PIPE INSULATION BUILDING CONTROLS ROOF / WALL INSULATION

OTHER _____

WOULD YOU LIKE INFORMATION ABOUT OUR ENERGY EFFICIENCY PROGRAMS? YES NO

CUSTOMER / ACCOUNT NAME:

MAILING ADDRESS:

PHONE NUMBER: _____ EMAIL: _____

PLUMBER COMPANY NAME:

MAILING ADDRESS:

PHONE NUMBER: _____ EMAIL: _____

LICENSED MASTER PLUMBER OPERATOR QUALIFIED # (TASK 87):

EXPECTED DATE GAS NEEDED BY: _____ **RETURN FORM TO:**