

Gas Service Installation Request

Date: _____

Owner: _____ Phone #: _____

Service Address: _____

Heating Contractor: _____

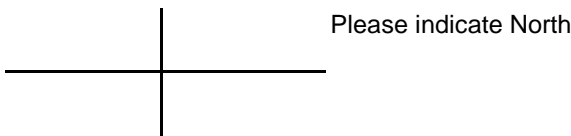
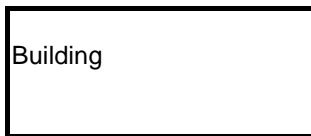
This form can be completed anytime but the contractor must call when site is ready to be placed on installation list. If site is not ready when we arrive the request will be moved to bottom of list.

What will be the Total Connected gas Load?

	Quantity	Total		Quantity	Total
Furnace	_____	_____ BTU	Range	_____	_____ BTU
Water heater	_____	_____ BTU	Fireplace	_____	_____ BTU
Boiler	_____	_____ BTU	Other	_____	_____ BTU
Make-up Air	_____	_____ BTU			
Dryer	_____	_____ BTU	Total	_____	_____ BTU

Pressure needed for Commercial and Industrial loads. (please circle) 7" 2# 5# 10#

Please make a drawing indicating the location where you would like your service on your building and mark the location on the building foundation.



Residential Gas Services are installed at no cost provided that the service is used as the primary heat source. If the Gas Service is installed and not connected as the primary heat source the customer will be charged for the materials and labor associated.

Please initial each of the items below

- _____ Back-Filling and Sub-grading must be done before the service can be installed.
- _____ Air Test and Inspection must be completed before the service will be turned on.
- _____ Gas Fitters must be licensed with the City of Watertown and must follow all Federal, State and City Codes.
- _____ Gas meter must not be located near a building opening, air intake, exhaust vent, or by an electric source.
- _____ Sites not ready for installation of gas services by October 15th will not be guaranteed due to weather and high demand. The gas services that are site ready will be placed on a list in the order received and installed in that order.
- _____ Request for service should be made well in advance of installation of any sprinkler systems or landscaping.
- _____ If site is not ready for service installation after initial request by the owner there may be a charge for return visits.
- _____ If the gas service needs to be raised or relocated after the initial installation, those cost will be billed to the owner of the property.

Signature: _____ or Contractor Signature: _____

Inspection Date: _____ Approved by: _____

Office Use: Current customer tranfer Yes _____ No _____ Deposit/Application received in office Yes _____ No _____

