|  |  |
| --- | --- |
| PLEASE RETURN TO: |       |
|       |       |
|       |      tel       fax |
| Customer Development |      @southernco.com |



**New Meter/Service Request** 07/2016

|  |  |  |
| --- | --- | --- |
| CUSTOMER NAME      | TYPE OF BUSINESS OR RESIDENTIAL       | TAX ID# (Business only)      |
| CUSTOMER PHONE NUMBER      | FAX NUMBER      | EMAIL ADDRESS      |
| SERVICE ADDRESS      | TOWN      | STATE      | ZIP CODE      |
| BILLING ADDRESS (if different than above)      | TOWN      | STATE      | ZIP CODE      |

**Pressure Authorization**

Nicor Gas’ standard delivery pressure is ¼ pound per square inch gauge (PSIG).

 I am requesting: (please check one)

[ ] Standard delivery pressure (¼ PSIG)

**-- OR--**

[ ] High delivery pressure (≥2 PSIG)\* Delivery pressure requested:      PSIG

\*If you are requesting **high delivery pressure**, please indicate the reason below:

[ ] Equipment specifications require high pressure (please provide documentation)

[ ] Existing/proposed piping size requires high pressure

 **Please read carefully:**

The customer is responsible to both test and purge fuel lines in accordance with National Fire Protection Association (NFPA) 54, or local requirements exceeding NFPA 54.

When requesting greater than standard delivery pressure (>¼ PSIG), it is the customer’s responsibility to install customer regulators for all equipment at the facility before Nicor Gas will provide the requested delivery pressure and the installed customer regulator(s) must be certified for a pressure rating of 5 (five) PSIG above the requested delivery pressure.

Nicor Gas is not responsible for regulating or connecting any appliance regulators on customer’s fuel piping system.

Continued on Page 2

**Proposed Gas-Fired Equipment List**

Please provide complete and accurate information about each proposed gas-fired appliance/piece of equipment to allow us to determine the proper size meter and service line to meet your needs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Appliance** | **Maximum BTU Input** | **Minimum Required Gas Pressure** | **Hours/Days of Operation** |
| *Example: Rooftop Heater* | *200,000* | *¼ PSIG* | *24 x 7* |
| 1)       |       |       |       |
| 2)       |       |       |       |
| 3)       |       |       |       |
| 4)       |       |       |       |
| 5)       |       |       |       |
| 6)       |       |       |       |
| 7)       |       |       |       |
| 8)       |       |       |       |
| 9)       |       |       |       |
| 10)       |       |       |       |
|  **Total Maximum BTU Input** |       |

The sizing and construction of all gas facilities (meter/service) are based on the information provided above. The customer is responsible for the cost of any future facility revisions required due to incorrect load or pressure information provided in this document.

By signing below, I understand and agree to the terms and conditions in this request.

*If you are a contractor working for the responsible party, please sign along with the responsible party.*

Responsible Party: Contractor of Responsible Party:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Accept Signature Accept Signature

|  |  |  |
| --- | --- | --- |
|  |  |  |

Print Name Print Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Date Date

Thank you,