CONSUMER GAS LOAD INFORMATION
(To be completed by consumer)

PROJECT INFORMATION

PROJECT LOCATION CITY

CROSS STREET

APPLICANT INFORMATION

NAME (As it should appear on Contract) DAY PHONE # (include Area Code)

STREET ADDRESS (Include Apt/Suite, or Building Info – No P.O. Box) CITY STATE ZIP CODE

MAILING ADDRESS (If different than street address) CITY STATE ZIP CODE

CONTACT NAME AND TITLE DAY PHONE # (Include Area Code) FAX #

PAGER # (Include Area Code) MOBILE # (Include Area Code) E-MAIL ADDRESS

CONSTRUCTION CONTACTS

NAME TITLE DAY PHONE # (Include Area Code) FAX #

LOAD INFORMATION
(Please indicate the gas equipment being installed and the associated load. Prepare a separate form for each meter):

<table>
<thead>
<tr>
<th>List All Equipment (New and Existing)</th>
<th>New</th>
<th>Existing</th>
<th>Equipment Type (REQUIRED)</th>
<th>Quantity</th>
<th>Equipment Input per Unit (BTU/hr) (REQUIRED)</th>
<th>Operating Schedule (COMMERCIAL REQUIRED)</th>
<th>Equipment Function</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Hrs/Day) (Days/Wk) (Mon/Yr)</td>
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<tr>
<td>Example X</td>
<td></td>
<td></td>
<td>Boiler</td>
<td></td>
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<td>Space Heating</td>
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<td>Item 1</td>
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<td>Item 2</td>
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<td>Item 3</td>
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<td>Item 4</td>
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<td>Item 5</td>
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<td>Item 6</td>
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<td>Item 7</td>
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</tbody>
</table>

TOTAL INPUT B.T.U./Hr __________
*If additional space is needed, please add another copy of this page per meter

DATE SUBMITTED ______________
USE FOR LOADS IN EXCESS OF 500 CFH
OR FOR ELEVATED PRESSURE
(LBER use only)

DATE: _______________

TO: METER SHOP SUPERVISOR FROM: ____________________________

TYPE OF CONSUMER: ___________________________________________

SERVICE ADDRESS: _____________________________________________

MAIN PRESSURE: 7 # 10 # 25 # 40 #

HOUSELINE PRESSURE: Standard 7.5" W.C. 1/2 #

ELEVATED HOUSELINE PRESSURE: Approved by: _________________
2 # 5 # 10 #

HOUSELINE SIZE: 1-1/4” 1-1/2” 2” 3” 4” 6” 8”
(Only above standard stock sizes are acceptable for tie-in.)

SERVICE LINE SIZE: 3/4” 1” 1-1/4” 2” 3” 4”

TYPE OF LOAD: STEADY ☐ INTERMITTENT ☐

METERING: CODE _______ METER TYPE: P.D. ☐ ROTARY ☐ TURBINE ☐
INDEX: STANDARD PRESSURE ☐

INSTRUMENTATION _____________________________________________

REGULATION: MFG ___________, TYPE ____________________________

ORIFICE SIZE: _______________ SPRING NUMBER: _________________

FILTER: 3/4” 1” 1-1/4” 1-1/2” 2” 3” 4” 6”

MODEL NUMBER ___________________ OTHER _____________________

REMARKS: ______________________________________________________

SIZED BY: ____________________ DATE: _________________

cc: Inspector
New Services
Meter Shop
Meter Setter
Warehouse

INVESTIGATION # _____________