Natural Gas Service Request Form

Who should NPU contact with questions about the gas service ☐ Owner or ☐ Contractor?

Owner Information			
Property Owner's Name:			
Property Address:	_____ Number Street		
Nearest Intersecting Street:			
Property Type:	☐ Single Residence	☐ Commercial	☐ Existing Building
	☐ Multi-family No. Units: ____	☐ Industrial	☐ New Construction
Square Footage of Home/Building:			
Daytime Telephone:	(___) _____ - _____ ☐ Mobile ☐ Home ☐ Work Ext: _____		
Email Address:			

Contractor Information (if available)	
Contractor Name:	
Daytime Telephone:	( ) _____ - _____ ☐ Mobile ☐ Home ☐ Work Ext: _____
Email Address:	

Existing Equipment Itemization			
Existing Fuel Source	**Existing Equipment**	**Quantity**	**BTU Input**
☐ Fuel Oil	☐ Furnace/Boiler		
☐ Propane	☐ Hot Water		
☐ Natural Gas	☐ Cooking		
☐ Electric	☐ Other _____		

New Gas Equipment Itemization			
New Gas Equipment or Appliances	**Quantity**	**BTU Input**	**Pressure Requirement (if available)**
☐ Furnace/Boiler			
☐ Hot Water			
☐ Gas Range (cooktop)			
☐ Dryer			
☐ Fireplace			
☐ Generator			
☐ Other _____			

*** This information is required for NPU to prepare for the installation or service of your new gas meter.**

Residential	Mail Form To	Commercial
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