

**Application for Gas** **Please fax to: 312-240-4370, Developers Task Force**

Customer Name: \_\_\_\_\_ Customer No. \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Home  Business  Other   
 Tax ID: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Send Bill to Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 In Care of Name: \_\_\_\_\_  
 Order Type: Meter Set  Turn On

**Address Information**

House Number: \_\_\_\_\_ Direction: \_\_\_\_\_ Street: \_\_\_\_\_  
 Floor Location: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_ Rate: \_\_\_\_\_  
 One Family  More than One Family  Business & Living Quarters  Business Only   
 No. of Apartments in Building: \_\_\_\_\_ Total No. of Meters Required: \_\_\_\_\_ (See attached unit listing)  
 Is the Building? New  Old   
 Are there stores, offices or other commercial or industrial quarters in the building? Yes  No   
 Number of units heated by gas on this meter Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

**Appliance Data**

| Indicate number of appliances: | Non-heating appliances | Heating Appliances     |
|--------------------------------|------------------------|------------------------|
|                                | Range _____            | Furnace/Boiler _____   |
|                                | Water Heater _____     | Room Heater _____      |
|                                | Dryer _____            | Air Conditioning _____ |
|                                | Fireplace _____        | Other _____            |

**For Office Use Only**

What is the regulated pressure? \_\_\_\_\_ Permanent  Construction   
 Total Building CFH: \_\_\_\_\_ CSST Installed? Yes  No  Square Mile: \_\_\_\_\_  
 Application Taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Shop: North  Central  South

**Service Pipe Information**

674? Yes  T - \_\_\_\_\_ No   
 New service needed  Use existing service  Pressure LP  MP   
 Service Address: \_\_\_\_\_ Multiple Service  Include Reference No. \_\_\_\_\_  
 Service Size: \_\_\_\_\_ Service Kind: PL  
 Service Type: Street  Parkway  Rear Ext  Branch  Alley  Main Pvt Prop   
 Tapped from Street Name: \_\_\_\_\_ Associated Address (required if Tap from) \_\_\_\_\_  
 Remarks: \_\_\_\_\_

Business License  Articles of Incorporation  SS4/Tax ID No.  Closing Statements

Comments: \_\_\_\_\_

