

Application for G	as Please email to: rehabbers@peoplesgasdelivery.com
Customer Name:	Customer No.
Telephone:	Home ☐ Business ☐ Other ☐
Tax ID:	Social Security No.
Send Bill to Address	ss:
City:	State: Zip:
In Care of Name:	
Order Type: Met	er Set 🔲 Turn On 🔲
Address Informa	tion
House Number:	Direction: Street:
Floor Location:	City: Zip Code:
Nature of Business	
One Family $\ \square$	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, o	ffices or other commercial or industrial quarters in the building? Yes 🔲 No 🚨
Number of units he	eated by gas on this meter Residential: Commercial:
Appliance Data	
	Non-heating appliances Heating Appliances
of appliances:	Range Furnace/Boiler
	Water Heater Room Heater
	Dryer Air Conditioning
	Fireplace Other
For Office Use O	nly
What is the regulat	ed pressure? Permanent □ Construction □
Total Building CFF	: CSST Installed? Yes 🔲 No 🔲 Square Mile:
	by: Date: Shop: North
Service Pipe Info	rmation
674? Yes 🖵	T No 🗖
	ed Use existing service Pressure LP MP MP
Service Address:	Multiple Service Include Reference No
Service Size:	Service Kind: PL
Service Type: St	reet 🔲 Parkway 🖬 Rear Ext 🔲 Branch 🖫 Alley 🖫 Main Pvt Prop 🖫
Tapped from Stree	t Name: Associated Address (required if Tap from)
Business Lice	nse 🗆 Articles of Incorporation 🗅 SS4/Tax ID No. 🗅 Closing Statements 🗅
Comments:	



Application for Gas	Please email to: rehabbers@peoplesgasdelivery.com										
		S	ervice /	Application A	ttachme	ent					
Construction Coordinator:											
Date:											
Phone:	Address:										
				Instructions:							
Appliances											
	Check the	box to	indicate	which appliance	s are conr	nected to the m	neter				
Address	Unit/Apt.	Rate	Load	Furnace/Boiler	Range	Water Heater	Dryer	Fireplace	Unit Heater	Grill	Other
					1						

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