



Washington Gas

Residential Service/Information Request Form

Company Requesting Information

Company:		Phone No.:	
Contact Person		<u>EMAIL:</u>	
Address:			
City:	State:	Zip Code:	
Project Name:			
Address:		Closest Intersection:	
City:	State:	Zip Code:	

Project

Information Required

- If existing customer, please give Washington Gas Account # _____
 New Construction

Please provide as much of the following information as is available when completing this request.

- Type of Commercial:
- | | | | | |
|------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Office Building | <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Food Store |
| <input type="checkbox"/> Motels/Hotels | <input type="checkbox"/> Religious Building | <input type="checkbox"/> Warehouse/Light Industry | <input type="checkbox"/> Medical Building | <input type="checkbox"/> School |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Apartment Building – High rise - 5+ stories | <input type="checkbox"/> Apartment Building – Garden - <4 stories | | |

List proposed equipment by type and BTUH input rating. Indicate the operating schedule of any process applications. List boilers by BTUH input rating and indicate if boilers are dual-fueled. List make-up air units by BTUH input rating and CFM supplied. List absorption air conditioning by BTUH input and tonnage supplied. List existing equipment that will continue to be utilized in the left column. List new/added equipment in the right column.

QTY.	Existing Equipment Description	BTUH Input Rating	QTY.	New Equipment Description	BTUH Input Rating
0		0	0		0
0		0	0		0
0		0	0		0
0		0	0		0
Total BTUH Input (All Equipment-New and Existing): Total BTUH					0

Existing Gas Pressure at Meter Outlet: <input type="checkbox"/> Standard low pressure (6" w.c.) <input type="checkbox"/> Other _____ psig		Gas Pressure Requested at Meter Outlet: <input type="checkbox"/> Standard low pressure (6" w.c.) <input type="checkbox"/> Other _____ psig	
Local Contact:	Phone No.:	General Contractor:	Phone No.:
Architect:	Phone No.:	Developer:	Phone No.:
Engineer:	Phone No.:	Owner:	Phone No.:

Today's Date:
Date Information Needed:
Date Gas Piping Installation Required:
Signature:

Send Request to:

Jack Higgins
11801 Nebel Street
Rockville, MD 20582

chiggins@washgas
(703) 750-7908
(202) 624-6258 (FAX)

****IMPORTANT****

***ALONG WITH THIS COMPLETED FORM, SEND TWO COPIES OF A SCALEABLE SITE PLAN WITH YOUR METER LOCATION(S) CLEARLY MARKED, AN AUTOCAD DISC AND A COVER SHEET WITH THE FOLLOWING DATES: DEVELOPMENT START & GAS REQUIRED.**

PLEASE COMPLETE A SEPARATE SHEET FOR EACH METER YOU ARE REQUESTING