



# Customer Information for Hi-Volume Gas (400 CFH or More)

**Address:**  Record #:   
**Application by:**  **Customer Name:**   
**Plumbing Company:**  **Phone #:**   
**Existing Load:**  **Plumber Phone #:**   
**Proposed Load:** **Load Units:**  **Existing Load:**

Type of Equipment	# of		Load Each	Total Load
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>

**Total Connected Load:**

**This Account will be:**  Firm  Interruptible

**Delivery (Metering Pressure) Requested:**  STD 7" WC  Elevated PSI:

DATA REQUIRED FOR EACH HIGH VOLUME OR ELEVATED METERING PRESSURE INSTALLATION

	DEPT EQUIPMENT AND DATA	CUSTOMER EQUIPMENT AND DATA IF ON ELEVATED PRESSURE
Design Load	<input type="text"/>	<input type="text"/>
Pressure- Reg Inlet	<input type="text"/>	<input type="text"/>
Pressure- Reg Outlet	<input type="text"/>	<input type="text"/>
Regulator Size and Typ	<input type="text"/>	<input type="text"/>
Orifice Size	<input type="text"/>	<input type="text"/>
Vent Pipe with Screen	<input type="text"/>	<input type="text"/>
Relief downstream (If Required)	<input type="text"/>	<input type="text"/>

Meter Required:  Inside  Outside Meter Size:

Service:  Existing  Proposed Service Size:  Length:

Riser Location:  Maximum Service Load  BTU's/HR

Meter Applied for:  Deposit at Garfield:

Drawing Attached:  Standard  New Sketch  Owner Drawing

Compiled by:  Date Compiled:

Date sent to Office Division (new account) or Meter Shop (existing)

INSPECTION REQUIRED AFTER CONSTRUCTION BY BUILDING SAFETY AND/OR SERVICE DEPARTMENT

Comments: