GAS EQUIPMENT LIST

If any equipment you are adding requires a minimum gas pressure greater than 6.5 to 6.75" water column please indicate gas pressure required.

Projects
Service Rep name
Address
Phone
FAX

CUSTOMER NAME: _____

CONTACT NAME: _____ **PHONE #**: _____

ADDRESS: _____

TOWN: _____

CURRENT EQUIPMENT		*EQUIPMENT TO BE ADDED*			*EQUIPMENT TO BE REMOVED*	
Appliance Name	**BTU Input**	**Appliance Name**	**BTU Input**	****Minimum Gas Pressure Required**	**Appliance Name**	**BTU Input**

Please fill out applicable sections and return to Nicor. Your order CANNOT proceed without this information.
****Minimum Gas Pressure on added equipment must be complete**