

GAS EQUIPMENT LIST



Service Representative Contacted _____

****If any equipment you are adding requires a MINIMUM gas pressure GREATER than 6.5" water column, please indicate gas pressure required.**

CUSTOMER NAME: _____

ADDRESS: _____ **Town:** _____

<i>CURRENT EQUIPMENT</i>		<i>EQUIPMENT TO BE ADDED</i>			<i>EQUIPMENT TO BE REMOVED</i>	
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. Question marks used under BTU Inputs are not acceptable and cannot be considered. **Minimum Gas Pressure on added equipment must be complete. Please make copies if necessary.

All gas facility (meter/service) revisions are made based on the information provided above. If these facility upgrades/downgrades result in any future equipment issues due to inaccurate load information provided, you will be responsible for any future facility change requirements, including charges.

Customer Signature: _____ Print: _____ Date: _____