

Applicant please select: New Gas Service Gas Service Upgrade Gas Meter Upgrade Excess Flow Valve

1 To Be Completed by Applicant

Name: _____
LAST FIRST MIDDLE

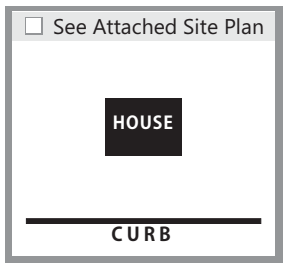
Service Address: _____

Mailing Address: _____

Residence Phone: _____

Employer: _____

Business Phone: _____ ext. _____



Social Sec No: _____

Date of Birth: _____

Marital Status: _____

Spouse Name: _____

In the diagram to the left, please show the approximate locations of wells, septic systems, sprinklers, electric lines, the garage, and the desired meter location. **HG&E is not responsible for damage to sprinkler lines or unmarked private utilities.**

Do you:
 Rent Own

4 Applicant: Please Read and Initial

_____ The minimum equipment to be installed is an automatic hot water heater. Services are not installed to run gas dryers and/or ranges exclusively unless the customer agrees to be billed \$24.00 per foot for the service.

_____ I hereby apply for gas heating service to be installed by the City of Holyoke Gas & Electric Department at the above premises in accordance with its rates as filed with the Massachusetts Department of Telecommunications and Energy.

_____ I understand that the Gas & Electric Department will install up to 100 feet of service from the street to the house and install a meter at no cost and the service is to be in use within 30 days of installation or I will be billed \$24.00 per foot of service. I understand that I will be billed the minimum bill once the meter is installed. I understand that I will be billed \$24 per foot of service pipe installed in excess of 100 feet of service. The Gas & Electric Department reserves the right to amend this condition based upon the complexity of the installation prior to any work being performed.

_____ The trench line will be back filled, returned to grade and raked out. I understand that the department will not use loam or sod to repair the trench line. The homeowner is also responsible to inform the Department of underground facilities not controlled by other utilities, including septic systems, wells, water lines, drain lines, and electrical lines.

_____ The applicant whose signature appears below hereof applies to the City of Holyoke Gas and Electric Department for gas and/or electric service, to be serviced at the address herein described and, upon request, at any other local address to which he or she may move. The applicant agrees to pay for said services as bills are rendered therefore in accordance with the rates, rules and regulations filed with the proper state regulatory body and in effect at the time of delivery and to provide access to their net.

2 To Be Completed by your Contractor

Age of Building: _____ YEARS NEW CONSTRUCT.

Is Gas Currently Being Used? Yes No

Pressure Requested: _____ PSI

Building Heat Loss: _____ BTU

Type of Furnace: _____

Model # _____ Input: _____ BTU

Plumber Name: _____

Plumber Address: _____

City: _____ Phone # _____

MA License # _____ Permit # _____

Other Appliances to be Installed:

- Range
 Clothes Dryer
 Unit Heater
 Hot Water Heater
Add'l Input _____ BTU

IF SERVICE PIPING TO THE BUILDING IS LESS THAN 1.25" FOR RESIDENTIAL INSTALLATIONS OR 2" FOR COMMERCIAL INSTALLATIONS YOU MUST CONTACT BILL SULLIVAN AT (413) 536-9523 FOR APPROVAL

3 To Be Completed by HG&E Field Technician

- Rate Schedule: Schedule A-GR Schedule GB-3
 Inrpt. No. 2 Schedule GB-1 Schedule GB-4
 Inrpt. No. 6 Schedule GB-2 Builders Incentive Program

DISTRIBUTION	
SERVICE SIZE _____	INSTALLED BY _____
METER SIZE _____	INSTALL DATE _____

5 Residential Applicants: Please Sign Below

SIGNATURE OF PRIMARY PROPERTY OWNER DATE _____
PLEASE PRINT NAME TO RIGHT _____

SIGNATURE OF SECONDARY PROPERTY OWNER DATE _____
PLEASE PRINT NAME TO RIGHT _____

6 Commercial Applicants: Please Sign Below

In consideration of the supply of gas and/or electric service to be supplied by the City of Holyoke Gas & Electric Department to _____, I hereby guarantee payment to said City of Holyoke Gas & Electric Department for said service that it may supply to _____.

SIGNATURE OF CUSTOMER DATE _____
PLEASE PRINT NAME TO RIGHT _____

7 For Office Use Only

Route: _____ Work Order: _____
Account # _____
Wel. Voucher _____
SIC Code _____

Turn-On:
Date: _____ / _____ / _____
Time: _____ : _____ AM/PM