



## Residential Low Pressure Load Revision Request

**PLEASE RETURN TO:**

[svcrep@algresources.com](mailto:svcrep@algresources.com)

Service Representative - Customer Development

CUSTOMER NAME		TYPE OF BUSINESS	TAX ID# (Business only)	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		
SERVICE ADDRESS		TOWN	STATE	ZIP CODE
CURRENT METER NUMBER	CURRENT PRESSURE	NOTES		
BILLING ADDRESS		TOWN	STATE	ZIP CODE

### Current and Proposed Gas-Fired Equipment Lists

Please provide complete and accurate information about each current and proposed gas-fired appliance or piece of equipment to allow us to determine the proper size meter and service line to meet your needs.

CURRENT Equipment		Equipment to be REMOVED (if any)	
Appliance	Maximum BTU Input	Appliance	Maximum BTU Input
<i>Example: Rooftop Heater</i>	<i>200,000</i>	<i>Example: Rooftop Heater</i>	<i>200,000</i>
1)		1)	
2)		2)	
3)		3)	
4)		4)	
5)		5)	
<b>Total CURRENT</b>		<b>Total to be REMOVED</b>	





Equipment to be ADDED			Calculations	
Appliance	Maximum BTU Input	Minimum Required Gas Pressure		Maximum BTU
<i>Example: Rooftop Heater</i>	<i>200,000</i>	<i>¼ PSIG</i>		
1)			CURRENT Equipment	
2)			-REMOVED Equipment	
3)			+ To be ADDED Equipment	
4)			<b>TOTAL REVISED LOAD</b>	
5)				
<b>Total to be ADDED</b>				

The sizing and construction of all gas facilities (meter/service) are based on the information provided above. The customer is responsible for the cost of any future facility revisions required due to incorrect load or pressure information provided in this document.

By signing below, I understand and agree to the terms and conditions in this request.

*If you are a contractor working for the responsible party, please sign along with the responsible party.*

**Responsible Party**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Contractor of Responsible Party**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

