



<b>Subtotal</b>		

**Equipment to be Added**

**(DO NOT LEAVE "Minimum Gas Pressure Required" BLANK OR IT WILL DELAY YOUR REQUEST)**

Appliance	Maximum BTU Input	Minimum Gas Pressure Required	Hour/Day of Operation
<b>Subtotal</b>			

**Equipment to be Removed**

Appliance	Maximum BTU Input
<b>Subtotal</b>	

Grand Total Load \_\_\_\_\_

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 or pressure information provided, you will be responsible for any future facility change requirements, including charges.

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

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

Accept  
Signature: X \_\_\_\_\_

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

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

Thank you,



*An AGL Resources Company*

Phone:

Fax

Email: