



Commercial/Industrial Load Revision Request

PLEASE RETURN TO:

svrrep@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

Pressure Authorization

Nicor Gas' standard delivery pressure is ¼ pound per square inch gauge (PSIG).

I am requesting: (please check one)

- Standard delivery pressure (¼ PSIG)

--OR--

- High delivery pressure (≥2 PSIG)* Delivery pressure requested: _____ PSIG

*If you are requesting **high delivery pressure**, please indicate the reason below:

- Equipment specifications require high pressure (please provide documentation)
- Existing/proposed piping size requires high pressure

Please read carefully:

The customer is responsible to both test and purge fuel lines in accordance with National Fire Protection Association (NFPA) 54, or local requirements exceeding NFPA 54.

When requesting greater than standard delivery pressure (>¼ PSIG), it is the customer's responsibility to install customer regulators for all equipment at the facility before Nicor Gas will provide the requested delivery pressure and the installed customer regulator(s) must be certified for a pressure rating of 5 (five) PSIG above the requested delivery pressure.

Nicor Gas is not responsible for regulating or connecting any appliance regulators on customer's fuel piping system.





Current and Proposed Gas-Fired Equipment Lists

SERVICE ADDRESS	TOWN	CURRENT METER NUMBER
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Please provide complete and accurate information about each current and proposed gas-fired appliance/piece of equipment to allow us to determine the proper size meter and service line to meet your needs.

CURRENT EQUIPMENT	
Appliance	Maximum BTU Input
<i>Example: Rooftop Heater</i>	<i>200,000</i>
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	
21)	
22)	
23)	
24)	
25)	
Total CURRENT	





Current and Proposed Gas-Fired Equipment Lists

SERVICE ADDRESS	TOWN	CURRENT METER NUMBER
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Please provide complete and accurate information about each current and proposed gas-fired appliance/piece of equipment to allow us to determine the proper size meter and service line to meet your needs.

EQUIPMENT TO BE REMOVED (if any)	
Appliance	Maximum BTU Input
<i>Example: Rooftop Heater</i>	<i>200,000</i>
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	
21)	
22)	
23)	
24)	
25)	
Total to be REMOVED	





Current and Proposed Gas-Fired Equipment Lists

SERVICE ADDRESS	TOWN	CURRENT METER NUMBER
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Please provide complete and accurate information about each current and proposed gas-fired appliance/piece of equipment to allow us to determine the proper size meter and service line to meet your needs.

EQUIPMENT TO BE ADDED		
Appliance	Maximum BTU Input	Minimum Required Gas Pressure
<i>Example: Rooftop Heater</i>	<i>200,000</i>	<i>¼ PSIG</i>
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		
19)		
20)		
21)		
22)		
23)		
24)		
25)		
Total to be ADDED		





Total and Authorization Signatures

SERVICE ADDRESS	TOWN	CURRENT METER NUMBER
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Please provide complete and accurate information about each current and proposed gas-fired appliance/piece of equipment to allow us to determine the proper size meter and service line to meet your needs.

Calculations	
	Maximum BTU Input
CURRENT Equipment	
- REMOVED Equipment	
+ To be ADDED Equipment	
TOTAL REVISED LOAD	

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

Contractor of Responsible Party

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

