



Request to Confirm No Gas Service

This form is a request for Washington Gas to confirm that there is no gas service on the property. This letter may be required by local permitting authorities before a demolition permit will be issued for the property and should not be relied upon in place of a utility marking. If you will want natural gas service reconnected, please complete section IV of this form.

For safety reasons it is imperative that prior to any digging or excavating on your project that the person/contractor digging must notify Miss Utility by calling 811 two full business/working days in advance. A marking of the entire property should be requested.

Form Return Instructions:

Email: svcabandonments@washgas.com

Fax: (703) 750-7570 *attn: Service Abandonments*

Section I - Contact Information

Project Contact Name: _____
Email: _____
Phone: _____ Cell: _____
Company: _____

Mailing Address: Street: _____
Unit: _____ City: _____
State: DC MD VA Zip: _____

Section II - Site Information

Site Address Street: _____
Unit: _____ City: _____
State: DC MD VA Zip: _____

Building Type Residential Large Commercial/Industrial
Small Commercial Other _____

Section III - Authorization to Access Property

I certify that I own or am the authorized representative of the person(s) who own the property listed at the above site address. Furthermore, I authorize Washington Gas to access and confirm there is no gas service on the property.

Please manually sign below or type name on the signature line to accept.

Signature _____ Date _____
(mm/dd/yyyy)

Printed Name: _____

Continue to next page to inquire about Gas Service



Gas Service Inquiry (Continued from Page 2)

Please complete this page if you wish to inquire about getting gas service. Our team will contact you to determine eligibility and cost. If you have questions or wish to inquire at a later time you may contact Washington Gas at **703-941-HEAT (4328)**, **select option 3** or visit washingtongasliving.com.

Section IV - Service Reconnect Contact Information

Use Same Contact Information as Above? **Yes** *(If yes skip to section VI)*

Project Contact: Name: _____
Email: _____
Phone: _____ Cell: _____
Company: _____

Mailing Address Street: _____
Unit: _____ City: _____
State: DC MD VA Zip: _____

Contact's Relationship to Property Owner Owner
Authorized Representative
Contractor

Section V - Estimated Load

#	Gas Appliances	BTUH Rating*	#	Gas Appliances	BTUH Rating*
	House Furnace			Gas Light	
	Water Heater			Generator	
	Pool Heater				
	Fireplace Logs				
	Cooking Range				
	Clothes Dryer				

**Understanding the total service needs will allow the most accurate cost estimate*

Please indicate the desired service pressure:
Standard Low Pressure (7" w.c.)
2 PSIG

Section VI - Site Plans

Before providing a cost estimate Washington Gas will require a scaled site plan and mechanical drawings showing location of water, sewer, other underground utilities, and desired location of gas service line and meter(s). Please submit the required documentation electronically.