



Service/Information Request Residential

**Company
Requesting
Information**

Company:		Phone No.:
Contact Person		Phone No.:
Address:		
City:	State:	Zip Code:
Project Name:		
Address:		Closest Intersection:
City:	State:	Zip Code:

Project

**Information
Required**

Request for gas service
 Preliminary inquiry of gas availability
 Inquiry of rebate availability
 Other (explain): _____
 If existing customer, please give Washington Gas Account # (only necessary for larger meter at existing address)

Please provide much of the following information as is available when filing out this request.

Residential:
 Single Family
 Townhouse
 Garden Apartments
 High Rise Apartments
 Conversion
 New Construction

List proposed equipment by type and BTUH input rating. List existing equipment that will continue to be utilized in the left columns. List new/added equipment in the right columns.

QTY.	Existing Equipment Description	BTU Input Rating	QTY.	New Equipment Description	BTU Input Rating
Total BTUH Input (All Equipment - New and Existing): Total BTUH					

	Gas Pressure Requested at Meter Outlet: <input type="checkbox"/> 5" W.C. – Low pressure <input type="checkbox"/> 7" W.C. – Standard pressure <input type="checkbox"/> 2PSIG – Medium/High pressure
--	---

Important: Please include two copies of site plan and additional mechanical drawings showing location of water, sewer, and other underground utilities, and desired location of gas service line and meters.

Today's Date:
Date Information Needed:
Date Gas Piping Installation Required:
Signature:
E-mail address:

Email, Fax, or Mail

Telesales Department
 6801 Industrial Road, 3rd Floor
 Springfield, Virginia 22151
 Phone -703-941- HEAT (4328)
 Fax: 703-750-7691
 Email: 941Sales@washgas.com