

CITY OF ROYSTON
NATURAL GAS DEPARTMENT

TAP INFORMATION REQUEST

DATE CALL RECEIVED: _____ REQUEST TAKEN BY: _____

CUSTOMER NAME: _____ PHONE: _____

MAILING ADDRESS: _____
(PO BOX) (STREET ADDRESS) (CITY) (STATE) (ZIP)

SERVICE LOCATION: _____
(IF DIFFERENT FROM ABOVE)

RESIDENTIAL: _____ COMMERCIAL: _____ AGRICULTURAL: _____

GAS WILL BE USED FOR (CHECK ALL THAT APPLY):

CENTRAL HEATING: _____ WATER HEATING: _____ COOKING: _____ GAS LOGS: _____

CLOTHES DRYING: _____ OTHER (SPECIFY): _____

GAS MAIN INFORMATION:

MAIN SIZE: _____ STEEL/PLASTIC: _____ OPERATING PRESSURE: _____ PSIG

GAS TAP INFORMATION: TOTAL BTU OF APPLIANCES: _____

STEEL: _____ SIZE: _____ LENGTH IN FEET: _____

PLASTIC: _____ SIZE: _____ LENGTH IN FEET: _____

FARM TAP REQUIRED: YES: _____ NO: _____ IF YES, ADD \$50.00 TO TAP FEE

BORE REQUIRED: YES: _____ NO: _____ IF YES, CONTINUE TO NEXT SECTION:

CHECK ALL THAT APPLY: STREET _____ DRIVEWAY _____ WALKWAY _____

BORE LENGTH IN FEET _____ @ \$3.00 PER FOOT = \$ _____

NAME OF PERSON MEASURING FOR TAP: _____ DATE: _____

GAS TAP FEE: _____

THIS SECTION TO BE COMPLETED BY CITY HALL

DATE TAP FEE PAID: _____ RECEIVED BY: _____

DEPOSIT AMOUNT (IF APPLICABLE): _____ DATE PAID: _____

CREDIT REFERENCES ON FILE (IN LIEU OF DEPOSIT): YES: _____ NO: _____

APPLICATION FOR SERVICE ON FILE: YES: _____ NO: _____

HAS CUSTOMER BEEN NOTIFIED ABOUT EXCESS FLOW VALVE? YES: _____ NO: _____
(A SIGNED FORM MUST BE ON FILE WITH A COPY TO GAS DEPARTMENT)

AMOUNT PAID FOR EXCESS FLOW VALVE: _____ DATE PAID: _____