



<b>CUSTOMER INFORMATION</b>						DATE RECEIVED _____								
<b>TYPE OF CUSTOMER - PLEASE CHECK APPROPRIATE BOX AND COMPLETE</b>														
RESIDENTIAL (please check as appropriate) <input type="checkbox"/>			SINGLE FAMILY <input type="checkbox"/>			MULTI FAMILY <input type="checkbox"/>			APARTMENT <input type="checkbox"/>					
COMMERCIAL <input type="checkbox"/>			OWNER <input type="checkbox"/>			LESSOR <input type="checkbox"/>			OTHER <input type="checkbox"/>					
APPLICANT NAME 1			APPLICANT NAME 2 (If Applicable)			CONTACT NAME								
<b>SERVICE ADDRESS</b>			<b>BILLING ADDRESS (leave blank if SAME as SERVICE ADDRESS)</b>			<b>OTHER ADDRESS (if applicable)</b>								
ST# PRFX	ST NAME	SUFIX	ST# PRFX	ST NAME	SUFIX	TEMPORARY MAILING	PRIMARY RESIDENCE	OTHER						
CITY		MUNI CODE	CITY			ST# PRFX	ST NAME	SUFIX						
STATE	ZIP		STATE	ZIP		CITY								
HOME PHONE		DAY PHONE		OTHER PHONE		STATE	ZIP							
EMAIL ADDRESS						FAX NUMBER								
PROPERTY:	OWNER <input type="checkbox"/>		TENANT <input type="checkbox"/>	LANDLORD NAME										
PRIOR/EXISTING CHESAPEAKE UTILITIES ACCOUNT NUMBERS:														
*PROVIDE ESTIMATED LOCATION FOR METER (LEFT, RIGHT, FRONT OF STRUCTURE) _____														
<b>Mandatory</b>			<b>If No- Please check the months this property WILL be utilized</b>											
Primary Residence Yes/No (Circle one)			__January	__February	__March	__April	__May	__June	__July	__August	__September	__October	__November	__December
<b>GAS LOAD INFORMATION (TO BE INSTALLED/CONVERTED)</b>														
APPLIANCES	QTY/BTU IF KNOWN	HEATING FUEL REPLACED (Please Check)			HEATING SYSTEM REPLACED (Please Check)			HEATING SYSTEM INSTALLED						
HEAT			ELECTRIC				ELECTRIC RESISTANCE			GAS FORCED AIR				
WATER HEATER			NATURAL GAS				HEAT PUMP			GAS HOT WATER				
RANGE			OIL				GEOTHERMAL							
DRYER			PROPANE				STEAM							
FIRE PLACE			WOOD				FORCED AIR							
POOL HEATER														
SPACE HEATER														
OTHER			NEW CONSTRUCTION				OTHER			OTHER				
If Converting-Please Provide Average Number of Gallons of Fuel Currently Used _____ Per MONTH/YEAR (Circle One)														
CONTRACTOR NAME (IF KNOWN)														
Thank you for your recent inquiry to Chesapeake Utilities (CUC) regarding natural gas service. The information required in this Request for Gas Service will be used to estimate the cost and feasibility of supplying natural gas service to the service address listed above, consistent with the extension guidelines as expressed in CUC Gas Tariff.														
Please complete and sign this form to verify that all information contained in the Request for Gas Service is complete to the best of your knowledge.														
Once CUC has completed the cost estimate, we will provide you with an Application that contains the CUC terms for a commitment for gas service. The Application will include any contribution that may be required by you to receive natural gas service.														
Please do <b>not</b> purchase any natural gas equipment until you receive the Application. CUC is not responsible for any equipment purchased or work performed by the customer related to natural gas service at the service address. At this time you may want to obtain price quotes on the installation of new natural gas equipment or converting your existing equipment. For a list of potential contractors in your area, please check the local yellow pages.														
Thank you once again for your interest in natural gas service. CUC will respond to you shortly with additional information regarding the cost (if any) and feasibility of supplying clean, efficient natural gas to your property.														
APPLICANT SIGNATURE (s)			DATE	CHESAPEAKE UTILITIES SIGNATURE					RECEIPT DATE					