



## REQUEST FOR NATURAL GAS SERVICE

NAME:				ACCOUNT#
SERVICE ADDRESS:				DEPOSIT REQUIRED: DATE PAID:
CITY:	ST:	ZIP:	EMAIL:	
DIRECTIONS TO HOME:				
MANUFACTURED HOME: ( ) YES ( ) NO		CELL #	HOME #	
NEW CONSTRUCTION ( ) YES ( ) NO IF YES, WHAT PHASE ARE YOU IN?	HOW MANY PEOPLE LIVING IN HOME:	CITY LIMITS:      INSIDE OR OUTSIDE		
		HOME CURRENTLY: ALL ELECTRIC OR PROPANE		
GAS APPLIANCES , CIRCLE THOSE WHICH APPLY				
FURNACE # _____ BOILER # _____ WATER HEATER # _____ TANKLESS OR STANDARD?    LOGS # _____				
GRILL # _____ CLOTHES DRYER # _____ GENERATOR # _____ POOL HEATER # _____ STOVE # _____				
SPACE HEATER # _____ Do you have supplemental heat? Ex. Wood Stove or Electric Furnace _____				
<b>OFFICE USE ONLY</b>				
SPECIAL INSTRUCTIONS:				

\_\_\_\_\_

SOUTH ALABAMA GAS REP

\_\_\_\_\_

DATE