

KNG Energy
Commercial Service Natural Gas Load Information

Customer Information

Business Name: _____

Service Address: _____

City: _____ **State:** _____ **Zip:** _____

Site Contact: _____ **Phone:** _____

Date Service Needed: ___/___/___ **Billing Party for Meter Setting** _____

Address of Billing Party: _____

City: _____ **State:** _____ **Zip:** _____

New Equipment Gas Load Requirements

#	Type of Equipment	Equipment BTU
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Existing Equipment Gas Load Requirements (if applicable)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Connected Load

Required Delivery Pressure: (please check one)

7" WC 2 PSI 5PSI (must be approved by KNG) Other _____

Please complete the above information and send it back to:

KNG Energy
1700 Westfield Drive
Findlay, OH 45840
Fax: 419-424-3309