

**KeySpan Energy Delivery – Long Island
Request for Gas Service Installation
Non-Heating Order Form**

Fax to: (516) 545-2333 Phone: 1-800-GAS-2001

This form needs to be filled out entirely in order to process your request for gas service installation.

Owner Information:

Installation Address: _____ City: _____ Zip: _____

Owner's Name: _____ Contact Phone: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____
(If different from installation address)

Email Address: _____ Fax: _____

Gas Billing Account Information:

Account Name: _____ Owner:
Tenant:

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Other: _____

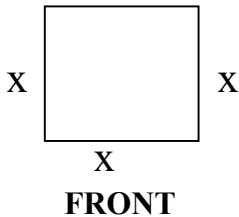
Please Note: Your KeySpan Gas Account will be set up based on the information provided above.

Gas Equipment: (Please check gas appliances to be installed)

Water Heater _____gal	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	Pool Heater	<input type="checkbox"/> *
Stove	<input type="checkbox"/>	Barbeque	<input type="checkbox"/> *	Spa Heater	<input type="checkbox"/> *
Dryer	<input type="checkbox"/>	Generator	<input type="checkbox"/> *		
Other	<input type="checkbox"/> (Please Specify) _____				

Preferred Gas Meter Location:

(Please circle the appropriate X)



Contractor Information:

Company Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____
License No. _____

By signing this form, I agree that if KeySpan Energy Delivery installs a new gas service at my request and I do not utilize the service within 90 days, that I must pay KeySpan Energy Delivery for the entire cost of installing the gas service. The average cost of a gas service installation is in excess of \$2,000.00.

Customer Signature: _____ **Date:** _____

****KeySpan Energy Delivery will install the gas service and meter to your house. You will be responsible to have your contractor provide subfeed to outdoor appliances.***