



Natural Gas Conversion Load Letter

Washington Gas * Market Opportunities * 6801 Industrial Rd. * Springfield, VA 22151

Company Requesting Information

Company:		Phone No.:
Contact Person		Phone No.:
Address:		
City:	State:	Zip Code:
Project / Customer Name:		
Address:		Closest Intersection:
City:	State:	Zip Code:

Project

Information Required

- Request for gas service
 Gas Pricing Information
 Preliminary inquiry of gas availability
 Other (explain): _____
 If existing customer, please give Washington Gas Account # _____

Please provide much of the following information as is available when filing out this request.

- Residential:*
 Single Family
 Townhouse
 Garden Apartments
 High Rise Apartments
Commercial:
 Office Building
 Dry Cleaners
 Industrial Processing
 Restaurant
 Food Stores
 Motels/Hotels
 Religious Building
 Warehouse/Light Industry
 Medical Building
 School
 Retail
 Other _____
 Conversion
 New Construction

List proposed equipment by type and BTUH input rating. Indicate the operating schedule of any process applications. List boilers by BTUH input rating and indicate if boilers are dual-fueled. List make-up air units by BTUH input rating and CFM supplied. List absorption air conditioning by BTUH input and tonnage supplied. List existing equipment that will continue to be utilized in the left columns. List new/added equipment in the right columns.

QTY.	Existing Equipment Description	BTUH Input Rating	QTY.	New Equipment Description	BTUH Input Rating
Total BTUH Input (All Equipment-New and Existing):		Total BTUH			

Type of Gas Service Requested:	<input type="checkbox"/> Firm <input type="checkbox"/> Interruptible <input type="checkbox"/> If interruptible, alternate fuel _____	Gas Pressure Requested at Meter Outlet:	<input type="checkbox"/> Standard low pressure (5.5" w.c.) <input type="checkbox"/> Other _____ psig
Local Contact:	Phone No.:	General Contractor:	Phone No.:
Architect:	Phone No.:	Developer:	Phone No.:
Engineer:	Phone No.:	Owner:	Phone No.:

DON'T FORGET! To avoid delays in processing, please include a neat and eligible dimensional sketch showing the property layout and desired meter location. (Please indicate distance from curb to meter) If the home was built with the past year, please include two copies of site plan and additional mechanical drawings showing location of water, sewer, and other underground utilities, and desired location of gas service line and meters whenever possible.

Date:
Desired Installation Date:
Signature:
Email:

Please Send Request to:

Marketing Department
 Mike Dearing
 6801 Industrial Road, Suite 320
 Springfield, Virginia 22151
 rdearing@washgas.com
 (703) 750-5945 (Voice)
 (866) 498-2389 (Fax)