BUILDER INFORMATION FORM

T0DAY'S DATE: _____

COMPANY CONTACT: _____

COMPANY NAME: _____

CONTACT PHONE #: _____

BILLING ADDRESS: _____

Note: All work orders coded 104 are assigned by area.

ADDRESS	LOT NUMBER	EXPECTED DATE	ASSIGNED TO

Sent by:	**Date:**	**Time:**

E-mail to: ContractorServices@washgas.com

Thank you, The Office Staff