

## Request for Natural Gas Allowance

## **Energy Conservation Program**

Division:	sion: Account#					Premise #		Re	s Co	om	
Customer Nam	e				Phone Number						
Service Address			City			State			Zip	Zip	
Mailing Address			C	ity	State			Zip			
INSTALLA	TION INF	ORMATIO	N								
Contractor, Dealer Name, or Self					Phone Number						
Mailing Address			City			State			Ziţ	,	
Contractor Lice	ense #		(Please p	rovide licer	nse number if p	urchased by	contractor.)				
	NEW APPL	IANCES ONI	Y AND M	ECEIPTS FO	EQUESTED WI	AND INSTA	ENT LLATION OF A EAR OF PURC SED AND WILL	HASE DATE. IF	A SECTION		
NEW APP	The state of the s	FORMATI	ON				*Tons or kW				
Quantity	Duantity Type of New Appliance Installed		Manufacturer		Model Number		replaced Al		Allowance Amount		
						To	tal Allowance				
					g, Small Package	and forest	r Commercial Elect	ric to Gas)			
Appliance Replaced M		Manufact		Model Number		Serial Number			Type of Fuel Replaced (Gas, Electric, Oil)		
allowance a installations Conservation	all informati are subject on Program a	on requested to inspection illowance as i	on this for in accordandicated:	orm must b ance with p	e completed, A rogram approv	AND copies ed by PSC I	nces. I underst of all purchase Docket No. 8000 RACTOR/DE	and installatio	n invoices a	ttached. All	
Customer Signature					Date						
Energy Con	servation Pr	ogram applie	d	PEOPLE	S GAS USE O	NLY					
Processed b			J.	Date		Office					
Verified Re			Verified I	History		Verified Tu	rn On				
Verified Co	ntact Info										