



CUSTOMER LOAD PROFILE

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(Attach to Application Card)

House

Furnace: _____ Hot Water: _____ Fireplace: _____

Fridge: _____ Lights: _____ Cook Stove: _____

Generator: _____ Grill: _____ Pool Heater: _____

Wall Heater: _____ Hot Plate: _____ Heating Stove: _____

Motor: _____ Other: _____

Shop

Motor: _____ Tube Heater: _____

Wall Heater: _____ Hot Water: _____

Cook Stove: _____ Lights: _____



P. O. Box 3519

Phone: 1-888-863-0032
Canton, Ohio 44765

Fax: 330-498-9137

House Line Pressure Test Form

Original From Must Be Completed and Returned Before Service Will Be Turned On.

PLEASE PRINT

Customer Information

Customer Name:		
Address:		
Municipality:	County:	Zip:
Type of Building: <input type="checkbox"/> Residential Single <input type="checkbox"/> Residential - Multi Family <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home		
Number of Meters Required	<input type="text"/>	Meter Size Required <input type="text"/>
Type of Installation: <input type="checkbox"/> New <input type="checkbox"/> Renewed <input type="checkbox"/> Repaired		

House Line (Exposed - After Meter)

Test Pressure/Duration: _____ PSIG _____ Mins.
(Min. 3 PSIG / 15 min)

Installed and Tested By: _____ Date: _____
Signature

Installing Firm: _____ Contact Person: _____

Address: _____ Phone Number: _____

Above installer(s) Warrants that All Materials and Installations Comply with national Fuel Code Installation Standards

UPL Remarks:
