



## 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 35519  
Canton, Ohio 44735

Phone: 1-888-863-0032  
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: ☐ Residential Single ☐ Residential - Multi Family ☐ Commercial ☐ Mobile Home

Number of Meters Required

Meter Size Required

Type of Installation: ☐ New

☐ Renewed

☐ 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:**

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