



Request for Increased Delivery Pressure or Larger Meter

Please email this completed form to: gas.coordinators@lawrencevillega.org

This form should be completed when (1) a 2-PSIG system is required and/or (2) the load for the equipment exceeds 390,000 BTU/Hr. This information will ensure that we accurately size pressure and metering devices to meet load requirements for your home or business. If you have questions or experience circumstances that are not covered by this form, please call 770-963-3332.

Note: The Gas Department will provide the requested pressure and metering device. It is the customers' responsibility to install the correct piping and regulators downstream of the meter, per code.

Customer Name: _____ Phone #: _____

Service Address: _____

Subdivision Name (if applicable): _____

Gas Delivery Pressure (circle one): **7" WC or 2 PSIG**

Contractor Name (if applicable): _____ Phone #: _____

I have read and understand the requirements above:

Customer Signature : _____

Customer Email: _____

The fields below are for city use only:

	Existing	New
<input type="checkbox"/> Central Furnaces Total BTU Input/Hour _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gas Logs Total BTU Input/Hour _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Heaters Total BTU Input/Hour _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gas Cooking Total BTU Input/Hour _____	<input type="checkbox"/>	<input type="checkbox"/>



- Gas Dryer Total BTU Input/Hour _____
- Gas Grill Total BTU Input/Hour _____
- Gas Light Total BTU Input/Hour _____
- Pool Heater Total BTU Input/Hour _____
- Standby Generator Total BTU Input/Hour _____
- Other – BTU Input/Hour _____

Total BTU Input/Hour: _____

Employee performing assessment: _____ HiperWeb WO#: _____