

Fax form to: 516-545-2333 Email form to: gaslongislandgrowth@nationalgrid.com

Mail form to: National Grid, 25 Hub Dr., Melville, NY 11747 Attn: Gas Sales Support

***Your application for gas service will be processed once you establish a customer account with National Grid. To set up your customer account, call 1-800-930-5003 and provide your customer account ID in the space below.**

PLEASE NOTE: Your application will be delayed if you do not fill out the form in its entirety.

CUSTOMER INFORMATION

Name: _____
 *Customer ID: _____
 Service Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Mailing Address: _____
 City, State, Zip: _____

Type of Road: Public Private

NYS Public Service Commission regulations require that conversions to gas heat comply with the following efficiency standards.

Please check that you have complied:

- Roof/ceiling has at least 6 inches of insulation with an R value of 19 or greater
- The dwelling has storm windows, or thermal windows with multiple glazing
- Entrances have storm doors or thermal doors.

Residence Type

Single family or Multifamily No. of Meters Req'd. _____

Meter Size Requested (for equipment currently being installed)*

Meter 1 250 400 630 800 1M 1.5M 3M
 Heat Water heat Range/dryer/other

Meter 2 250 400 630 800 1M 1.5M 3M
 Heat Water heat Range/dryer/other

***Please note:** This information is used to establish your Gas Billing Rate. If new equipment will be installed in the future, please call 1-800-930-5003 to have your gas rate changed when additional appliance are installed.

Gas Equipment

(Please indicate below if equipment is existing = E or New = N)

Appliance	E/N	BTU's	Appliance	E/N	BTU's
Heat	_____	_____	Water Htg.	_____	_____
Cooking	_____	_____	Drying	_____	_____
Fireplace	_____	_____	Generator	_____	_____
Grill	_____	_____	Light	_____	_____
Pool Htr.	_____	_____	Garage Htr.	_____	_____

Total Load: _____

PLUMBER/BUILDER INFORMATION

Company Name: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____

- Type (select one):** New construction (site plan required)
 Reconnection (previously had gas) Existing house no gas
 Additional meter only Check service line capacity/meter upgrade
 New construction common trench with other utilities

Trenching by National Grid: Yes No

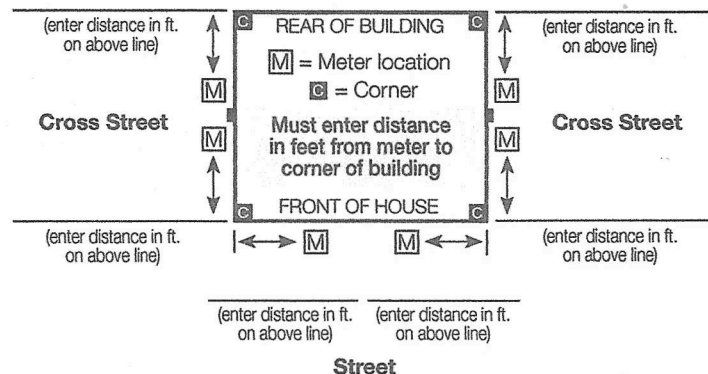
Site Information (required to fill out)

Surrounding Area:

- Please provide distance from street to meter location _____
- Please circle meter box location below and provide measurements from front and/or rear corner of home.

Left Side

Right Side



(A standard residential meter requires an obstruction free wall space (18"W X 28"H X 48"D)

- Please identify location of all known private underground facilities such as buried oil tanks, cesspools, wiring and sprinkler lines.

Is an active buried oil tank or cesspool located on the property? Yes No

Description of Meter Location/Additional Comments:

Examples of acceptable meter descriptions:

- Left side of house - behind chimney
- Front of house - 5' off right side
- Right side of house - 10' back from front of house

Examples of unacceptable meter descriptions:

- Below electric meters
- Back of house
- Within 3' of sources of ignition
- Under window and vents

This agreement is subject to the **Terms and Conditions on the back of this agreement**. KeySpan Gas East Corporation, d/b/a National Grid, NY (National Grid) agrees to install gas service to the above location (Premises). I understand that I may cancel this agreement, without obligation, at any time prior to the installation of the gas service line and main. I hereby authorize National Grid to install a natural gas service line to the address noted above.

National Grid is NOT RESPONSIBLE for damage to private property (see #4 of "Terms and Conditions" on reverse side).

Owner/Applicant Signature: _____ **Date:** _____

Licensed Plumber Signature: _____ **Date:** _____



**NASSAU COUNTY
DEPARTMENT OF HEALTH**
106 CHARLES LINDBERGH BOULEVARD
UNIONDALE, NY 11553
516 227-9691
FAX: 516 227-9613

**BUREAU OF ENVIRONMENTAL PROTECTION
AFFIRMATION OF NON-LEAKING TANK**

Re: _____

(Address)

I (we), _____ swear and affirm that I(we) own the above referenced property and that to the best of my(our) knowledge the underground tank and its associated piping used for storing oil solely for on-site space heating and/or water heating, located on this property, is not now leaking and has never leaked. **This form may not be used where there is any re-occurring accumulation of water in the tank.**

(Signature of Property Owner(s))

Affirmation must be received by NCDH seven (7) days prior to the date of the job.

Sworn to before me this

_____ day of _____,
date month year

THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, Att: Article XI, 106 Charles Lindbergh Boulevard, , Uniondale, NY 11553. Telephone number: 516-227-9691.