



**Central Hudson**  
Gas & Electric Corporation

284 South Avenue  
Poughkeepsie, NY 12601  
Fax: 845-486-5658

Natural Gas J No. \_\_\_\_\_  
Electric J No. \_\_\_\_\_  
Account No. \_\_\_\_\_

Date \_\_\_\_\_

**Natural Gas Service Request**

Customer Name \_\_\_\_\_

Contractor/Plumber's Name \_\_\_\_\_

New Service Address \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

City/Town \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Nearest Cross Road \_\_\_\_\_

Fax No. \_\_\_\_\_

Subdivision Name Lot No. \_\_\_\_\_

Pager/Cell No. \_\_\_\_\_

- |                                        |                                        |                              |                                        |                              |
|----------------------------------------|----------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Space Heating | <input type="checkbox"/> BTU | <input type="checkbox"/> Cooking       | <input type="checkbox"/> BTU |
| <input type="checkbox"/> Multi-Family  | <input type="checkbox"/> Water Heating | <input type="checkbox"/> BTU | <input type="checkbox"/> Clothes Dryer | <input type="checkbox"/> BTU |
| No. of Units                           | <input type="checkbox"/> Generator     | <input type="checkbox"/> BTU | <input type="checkbox"/> Other         | <input type="checkbox"/> BTU |
| <input type="checkbox"/> Commercial    | <input type="checkbox"/> Fireplace     | <input type="checkbox"/> BTU | <b>Total</b>                           | <input type="checkbox"/> BTU |

Service pipe through wall and ready connection?  Yes  No

Is there a gas appliance installed?  Yes  No

Estimate date service required: \_\_\_\_\_  I would like an appointment for a site meeting

Refer to Central Hudson's *Specifications for Gas Installations* for specifications and information on restoration. In some cases there may be a fee for gas service installations.

Does any equipment require delivery pressure greater than 4" - 7" W.C?  Yes  No  
(This may not be available; if it is there may be a fee)

If yes, what delivery pressure is required? \_\_\_\_\_

A copy of the manufacturers specifications will be required along with this request.

**Central Hudson to Complete**

Billing Order No. \_\_\_\_\_ Amount \_\_\_\_\_

Bill to: Name \_\_\_\_\_

Address \_\_\_\_\_

**Sketch/Comments**