

Middleborough Gas and Electric Department
Gas Load Information Form
For New Commercial Services

Business Name _____ **Contact Person** _____

Owner's Name _____ **Address** _____

Business Address _____ **Telephone** _____

Legal Description **Map** _____ **Lot** _____ **Additional Info.** _____

Nature of the Business _____ **Hrs. of Operation/Wk.** _____

Gas Fitter _____ **Address** _____ **Telephone** _____

License No. _____

Facility and Gas Service Information

Square Footage of Facility _____

Check Appropriately **New Gas Service** _____ **Additional Gas Service** _____

Heat _____ **Hot Water** _____ **Cooking** _____

Generator _____ **Other** _____ **Other** _____

Gas Fired Equipment

(Attach additional sheets, if necessary)

| Description of Equipment | BTU's | Delivery Pressure |
|--------------------------|-------|-------------------|
| | | |
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Please Fax to Gas Department Engineer @ (508) 946-3713