



**REQUEST FOR ELEVATED DELIVERY
PRESSURE OF NATURAL GAS**

Request for <input type="checkbox"/> 2 pounds or <input type="checkbox"/> 5 pounds or <input type="checkbox"/> Other (Specify) _____ (Note regulation requirement #4 below)	
Customer Name _____	Contractor Name: _____
Street Address _____	Contact phone: _____
City, State Zip _____	Contact fax number: _____
ESP Gas Account # _____	Contact email: _____

Gas equipment installed / to be installed <input type="checkbox"/> Water Heater <input type="checkbox"/> Heat <input type="checkbox"/> Range <input type="checkbox"/> Dryer <input type="checkbox"/> Fireplace
<input type="checkbox"/> Generator <input type="checkbox"/> Other (specify) _____
Total Connected Load (BTU) _____
Use / Occupancy <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Residential
Reason for non-standard pressure request _____

The undersigned assures and agrees to the following:

1. Customer facilities are designed for, and will meet, all Federal, State and local codes.
2. Information provided to ESP is the same information provided to any entity issuing related permits.
3. It is understood that ESP cannot guarantee non-standard delivery pressure under all conditions. ESP will be held harmless from any liability resulting from inability to provide non-standard pressure.
4. Customer is responsible for any necessary pressure regulation downstream of meter.

Once application is processed, it will be returned to requestor indicating approval or denial.

Applicant Signature _____	Date: _____
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Please submit completed request to:

Energy Services of Pensacola
1625 Atwood Drive
Pensacola, FL 32514
Fax: 850-474-5331

*****This section for ESP use only*****

RESPONSE TO REQUEST FOR ELEVATED DELIVERY PRESSURE OF NATURAL GAS

APPROVED Request # _____ Approval Date _____

Approved in field Approved by _____

Once approval is received, please contact ESP during normal business hours (850-474-5300) to schedule a meter set. A minimum of one working day notice is preferred for residential meters; commercial may require additional time.

NOTE: If this request has not been completed within 120 days of approval, approval will be rescinded.

DENIED Denial Date _____

Reason for denial: _____

Marketing Representative: _____
