



Commercial Gas Service Application

- Please complete this form and submit using one of the options at the bottom of this page.
- Questions? todd_england@mudnebr.com / 402.504.7980 or keri_kasun@mudnebr.com / 402.504.7810

Project name: _____

Project service address
(Street, Bays, City, Zip): _____

Name of onsite Superintendent: _____ Company: _____

Cell: _____ Office: _____ Email: _____

Name of Project Manager: _____ Company: _____

Cell: _____ Office: _____ Email: _____

Legal description of property: _____

Existing building yes no Existing load: _____

New Construction or addition yes no New space heating load: _____

New water heating load: _____ Remaining new load: _____

Total connected load (existing and new): _____ Preferred outlet pressure: 2 lbs. 7" w.c.

Target date for gas installation: _____ Number of gas meters needed: _____

Billing account holder's name (after meter is set): _____

Billing contact: _____ Billing phone: _____

Billing address: _____

Remarks: _____

Please be sure to include the following prints with this request form:

- ◆ Site Plan
- ◆ Site Utility
- ◆ Grading
- ◆ Mechanical (Gas Piping)
- ◆ Schedule of equipment (Gas Loads)
- ◆ Elevation (outside views only)

Email: todd_england@mudnebr.com and keri_kasun@mudnebr.com.

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