



GAS UTILITY SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

Section I - Applicant Information

1. Name of Public Entity:

2. Address: _____

3. City: _____

4. State: _____ Zip: _____

5. Current Population: _____

Section II – Operational Information

1. Does the utility generate or is it a pass through operation? _____

2. Does the entity own the well heads? Yes No

3. Does the entity own the pipeline? Yes No If yes, how many miles and largest diameter? _____

4. Last inspection done by the Dept of Transportation on the pipeline _____

5. Have there been any gas leaks? Yes No
If yes, when and how many? _____

6. Annual Budget \$ _____
of residential users _____
of commercial users _____
of industrial users _____