



Natural Gas Conversion Preliminary Service Inquiry

Date: _____

Property Owner: _____

Contact Person: _____ Phone Number: (____) _____

Cell number: (____) _____ Fax: (____) _____

Applicant name if different from property owner: _____

Property address: _____

Town _____ Block _____ Lot _____

Nearest Cross Street: _____

Property Information:

Existence of the following customer owned underground facilities:

____ Sprinkler System ____ Oil Tank ____ Septic ____ Well ____ Electrical

Living area square footage _____

Current Heating Source: ____ Oil ____ Electric ____ Propane ____ Other

Natural Gas Equipment: (Please check all that apply with associated Btu's)

____ Furnace, Boiler	____,000 B.T.U.
____ Water Heater	____,000 B.T.U.
____ Dryer	____,000 B.T.U.
____ Range	____,000 B.T.U.
____ Fireplace	____,000 B.T.U.
____ Grill (Stub)	____,000 B.T.U.
____ Pool Heater	____,000 B.T.U.
____ Log Igniter	____,000 B.T.U.
____ Lamp	____,000 B.T.U.

Please fax or mail completed form to:

New Jersey Natural Gas Company
Attn: Marketing Services
P O Box 1464
Wall, NJ 07719-1464

Fax: (732) 919-8081

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