



Natural Gas Conversion Preliminary Service Inquiry

Note: This is NOT an Application for New Gas Service

Date: _____

Property Owner: _____

Contact Person: _____ Phone Number: (____) _____

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

Email: _____

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 & insert associated Btu's)

___ Furnace, Boiler	_____,000 Btu	___ Grill (Stub)	_____,000 Btu
___ Water Heater	_____,000 Btu	___ Pool Heater	_____,000 Btu
___ Dryer	_____,000 Btu	___ Generator	_____,000 Btu
___ Range	_____,000 Btu	___ Lamp	_____,000 Btu
___ Fireplace/Log Igniter	_____,000 Btu	___ Other: _____	_____,000 Btu

Please mail, fax or email completed form to:

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

Fax: (732) 919-8081

Conversions@njng.com