

**REQUEST FOR NATURAL GAS SERVICE – Commercial/institutional**

706, boulevard Gréber, Gatineau QC J8P 3P8  
Telephone: 819-771-8321 Fax: 819-771-5580

Information about the requesting firm and requestor	
Name of requesting company: _____	Date for which service is requested: _____
Service address: Address: _____ City: _____ Province: _____ Postal Code: _____	Active account with another distributor? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Address: _____
Name of responsible contact person: _____	Office telephone: _____
Billing address: Address : _____ City: _____ Province: _____ Postal Code: _____	Cell phone: _____ Fax: _____
Company address(es) during the 12 months preceding this request: _____	New company: <input type="checkbox"/>
Address: _____ City: _____ Province: _____ Postal Code: _____	

Location		
Building location: If you face the building, the closest intersection to your left is: _____ and to your right is: _____		
Meter location: On the _____ wall _____ metre (s) from the _____ wall.		Length of gas service : _____ meter(s)
Type of building: <input type="checkbox"/> New construction <input type="checkbox"/> Existing building	Type of service: <input type="checkbox"/> Building connection and meter <input type="checkbox"/> Meter only <input type="checkbox"/> Additional meter (Ref.: _____) <input type="checkbox"/> Additional charge	Conversion: <input type="checkbox"/> Oil to natural gas <input type="checkbox"/> Electricity to natural gas <input type="checkbox"/> Gas to natural gas <input type="checkbox"/> Other _____

Equipment installed		
Appliance: _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Mid-efficiency	<input type="checkbox"/> Rental <input type="checkbox"/> High-efficiency
Make/model : _____ BTUs		
Appliance: _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Mid-efficiency	<input type="checkbox"/> Rental <input type="checkbox"/> High-efficiency
Make/model: _____ BTUs		
Appliance: _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Mid-efficiency	<input type="checkbox"/> Rental <input type="checkbox"/> High-efficiency
Make/model: _____ BTUs		
Meter outlet pressure: <input type="checkbox"/> Regular (7wg) or <input type="checkbox"/> _____ PSI (High pressure)		
Builder: _____	Representative: _____	Telephone No.: _____
Installer: _____	Representative: _____	Telephone No.: _____

Financial contribution by requestor		
Main supply: \$ _____ (plus tax)	Bill to: <input type="checkbox"/> Service address <input type="checkbox"/> Billing address	Security deposit Applicable to first bill: \$ _____
Building connection: \$ _____ (plus tax)		
High-pressure meter: \$ _____ (plus tax)		

<p><b>Request for natural gas</b> The customer hereby requests Gazifère inc. to provide natural gas service at the service address indicated above.</p> <p><b>Financial contribution</b> The customer acknowledges that Gazifère inc. is entitled to require a financial contribution to the installation cost for natural gas service in any of the following situations:</p> <ol style="list-style-type: none"> <li>1. the customer's use of natural gas does not begin within three months of installation;</li> <li>2. the customer ceases to use natural gas within a year after the meter is turned on;</li> <li>3. connection to Gazifère inc.'s system at the location where the customer has requested natural gas service requires extension of a supply main, or the construction of a metering or pressure station, or any other capital outlay considered necessary; or</li> <li>4. the building to which Gazifère inc. will be supplying natural gas at the customer's request is more than 50 metres from the property line across which connection to Gazifère inc.'s system must be made.</li> </ol> <p><b>Deposit</b> The customer agrees to pay Gazifère inc. for all the natural gas and services it supplies, and to provide a security deposit, if applicable, in accordance with Gazifère inc.'s current terms and conditions, as approved by the appropriate regulator.</p>
Signature of business owner: _____ Date: _____
Signature of building owner: _____ Date: _____ Telephone No.: _____

Approved by: \_\_\_\_\_ Gazifère Sales Department

Dimension of service to install: \_\_\_ 1 in \_\_\_ 1 ¼ in \_\_\_ 2 in

Service :  NC  Replacement

(Rev.04-2014)