



Natural Gas Conversion Application

Contact Information

Applicant(s) Name _____

Mailing Address (Street, City, State, Zip Code) _____

Phone Number _____ Email Address _____

Requested Natural Gas Location

(Please complete separate applications for additional locations)

Street Address _____

City, State, Zip Code _____

Tax Parcel Number (if no address) _____

Property Type

- Primary residence
 Rental property
 Secondary/Vacation home
 Commercial
 Other

Appliances

Appliances				Conversion to Natural Gas (Please check one)		
Currently Installed	Quantity	Current Energy Source (Oil, Propane, Electricity, other)	BTU Rating (if known)	Within 3 years	As needed	Will not convert
Furnace (forced air)	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Tank	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-demand Water Heater	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range/Oven/Cooktop	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Dryer	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Heater	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Heater(s)	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Grill	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Heater	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please list additional appliances below. Feel free to use the back page to add more detail.</i>						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HOPE
TUSCARAWAS RD OHIOVILLE MLX
200325652
MES

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Additional comments:
