## **CITY OF ZACHARY**

## **BTU INFORMATION FOR GAS METER**

DATE TURNED IN:	_ DATE PAID:
CONTRACTOR/PLUMBER NAME:	
CONTRACTOR/PLUMBER CONTACT #:	
ADDRESS OF NEW HOME:	
OWNER NAME:	
OWNER CONTACT #:	
LIST ALL APPLIANCES WITH BTU DEMAND:	
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
TOTAL	
FOOTAGE FROM ROAD TO METER	_
WILL YOU USE OUNCES OR POUNDS OVER M	ETER
WHY?	
(ALL ITEMS ABOVE MUST BE COMPLETED)	
TAKEN BY:	
City of Zachary X	
•	
Plumber X	

**Instructions:** Download the form. Complete it electronically. Email completed form to megan.nunnery@cityofzachary.org