

ELIZABETHTOWN NATURAL GAS DEPARTMENT
301 Waterworks Dr, POST OFFICE BOX 550
ELIZABETHTOWN, KENTUCKY 42702 - 270/765-6121 Ext. 215
kim.bell@elizabethtownky.gov or Fax: 270-737-7167
APPLICATION FOR NATURAL GAS

- INDUSTRIAL OR LARGE COMMERCIAL -

NAME OF CONTRACTOR _____ Phone: _____

NAME OF FACILITY REQUIRING GAS: _____

ADDRESS OF FACILITY REQUIRING GAS: _____

SALES CONTRACT DESIRED: _____ General Rate - Firm
 _____ High Load Factor Rate (For less than 100 MCF/day
 with 50% or greater load factor)
 _____ *Industrial Interruptible Rate (priority interruptible)
 _____ *Transportation Rate (fully interruptible)

GAS USAGE - indicates amount required for each time interval:

HEATING: _____ BTU/HR _____ CU FT/HR _____ MCF/DAY _____ MCF/YEAR**

PROCESSING: _____ BTU/HR _____ CU FT/HR _____ MCF/DAY _____ MCF/YEAR**

BOILER: _____ BTU/HR _____ CU FT/HR _____ MCF/DAY _____ MCF/YEAR**

SIGNATURE OF APPLICANT _____ TITLE _____

THIS _____ DAY OF _____ 20____

**METERS ARE SIZED FOR 4 OZ (7" WATER COLUMN) PRESSURE. ELEVATED PRESSURE
 REQUIRES NATURAL GAS DEPARTMENT APPROVAL.**

GAS APPLICATION APPROVAL
 (FOR OFFICE USE ONLY)

APPROVED _____ YES _____ NO

REMARKS _____

SIGNED BY _____ TITLE _____

THIS _____ DAY OF _____ 20____

* Must have standby fuel capability and 50% or higher load factor
 ** 1 MCF = 1000 cubic feet