



REQUEST FOR ELEVATED PRESSURE

Service Address: _____

Meter Number: _____

We would like to request elevated gas pressure at the above mentioned address. We request to have the pressure increased to [please check one]

_____ **2 pounds** _____ **5 pounds** _____ **line pressure**

We understand that we are responsible for installing the proper regulating equipment and that the installation is in compliance with local, state and federal codes and regulations.

If you are adding equipment please fill in the following

EXISTING LOAD, TOTAL BTU'S _____
ADDED LOAD, TOTAL BTU'S _____
TOTAL LOAD, TOTAL BTU'S _____

Name (Please Print) _____

Signature _____

Phone _____ **Date** _____

To be completed by Citizens Gas:

Citizens Gas Representative _____

Date _____

Return To:
Fax 927-4464 or mailing address 2020 N. Meridian St. Indianapolis, IN 46202