

Each section below must be completed in its entirety or the form will be returned.

METER SET REQUEST FORM		E-mail to: ContractorServices@washgas.com	
Today's Date	BCA Number	Tax ID Number	
Company Name	Billing Street Addre	ss	
City	State	Zip Code	
Billing Contact	On-Site C	On-Site Contact	
On-Site Email Address	M	Mobile/Call Ahead #	
 Pressure reducing reg All interior gas lines m The interior gas piping inspection tag must be The permanent address county permit displayed Building must be unlock for access. 	e located on-sitess should be affixed to the home ed in the front windowscked and provide safe access. If I		
delay and the meter se	t will be rescheduled based o	ii wasiiiigtoii Gas avallability.	
Meter Set Address, City, State	Commercial/ Lot # or Suite	2 PSI Yes or No Completed Gas Inspection Date Expected Meter Set Date	

Yes or No

PLEASE BE ADVISED THAT IT MAY TAKE UP TO 7 DAYS TO SET METER(S).

Residential