



## Commitment Form for Gas Service Installation

<b>ADDRESS(ES) FOR SERVICE INSTALLATION:</b>		
Address _____	Cross Streets: _____	Boro: _____
Address _____	Cross Streets: _____	Boro: _____
Address _____	Cross Streets: _____	Boro: _____

**IMPORTANT:** This form must be legibly completed and returned before a gas service will be installed. Receipt of this letter confirms your request for gas service(s) at the above address (es). Please keep this form until you have selected a plumber or an installing contractor, and are ready for your gas installation. A completed credit application is required for all customers except 1 or 2 family homes. For new construction and building renovations the job site is considered ready for gas service installation when the following criteria are met:

- **Installations of sewer, water, and all underground utilities have been completed.**
- **The building is secured and enclosed. An enclosed building means the walls and the roof of the building have been completed.**
- **The location of the new gas service is level to final grade, free of debris and scaffolding.**

If the above criteria are not met and National Grid cannot install the gas service, you will be charged the cost of the permit of excavation issued by the New York City Department of Transportation.

After the gas service is installed, meters are expected to be set and gas utilized within 6 months. Otherwise, you will be charged the cost of the gas service installation.

**Date service installation is required:** \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

**\*NOTE:** ASAP will not be accepted. Service installation normally takes 30 days upon receiving this form, and the completed credit application.

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<b>CONTRACTOR INFORMATION:</b>	<b>(Please Print)</b>
Corporation Name: _____	Requestors Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Office #: (_____) _____	Cell #: (_____) _____ Fax: (_____) _____

<b>CUSTOMER OR BUILDER INFORMATION:</b>	<b>(Please Print)</b>
Corporate/Customer Name: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Office/Home #: (_____) _____ Cell #: (_____) _____ Fax: (_____) _____	
<b>Requestors Name:</b> _____ <b>(Circle One)</b> Customer or Builder	
<b>Signature of Requestor:</b> _____	<b>Title:</b> _____ <b>Date:</b> ____/____/____

**Please fax this request to (718) 498-1183 for Brooklyn/Queens installations or (718) 982-8497 for Staten Island Installations.**