



P O Box 531827
Harlingen, Texas 78553
800-700-2443 • texasgasservice.com

Commercial Service (Rev. 05/13/15)

To Whom It May Concern:

This letter is to inform you of the required information and the steps needed in order for you to obtain gas service for your proposed/existing facility. A completed TGS Commercial Service Request application and a set of final plans for the structure are required. Plans should include the following:

- Utility
- Plumbing
- Mechanical
- Grading
- Site (CAD file)
- Break down of all existing and proposed gas appliances
- BTU loads and designated delivery pressure

Customer/Requestor and TGS representative will need to sign application as acceptance that all pertinent information has been received to process the request. If any information is missing, application will be considered null and void, and will need to be resubmitted. Please anticipate six to eight (6-8) weeks for service installation process once all information has been submitted and application is approved and accepted.

Application and plans will be used to generate a design and estimate to execute an Agreement for Gas Installation and determine customer responsibility for cost. Prior to yardline scheduling and installation, cost presented on Agreement will need to be paid in full, and all generated documents/agreements will require approvals by their respective TGS management. Once Agreement has been paid and signed by both TGS Vice President and requestor, anticipate two weeks for scheduling and installation. In addition, construction cannot commence until site has been leveled to final grade, customer-piping stub-out installed and building walls and roof built.

After service installation and customer plumbing has met final inspection by the governing agency, i.e. City of El Paso, the occupants of the facility must contact Customer Service at (800) 700-2443 to set up an account and request meter installation. The following is required to set up the account:

- Name of the Owner
- Name of the Business
- Mailing Address
- Phone Number's
- Social Security Number
- Federal Tax Identification Number
- Total Gas Load in BTUs

Should you have any questions or require additional information, please contact Customer Development at (956) 357-3106 and (956) 357-2519.

vlopez@txgas.com

mr.lopez

victor Lopez

A. COMMERCIAL SERVICE REQUEST

*SITE ADDRESS		* Contact Person:	
*SITE Business Name:		*Contact Phone:	
*Customer/Company Name:		*Contact E-mail:	
*Mailing / Billing Address:		Alt. Contact:	
*CITY:	*STATE:	*ZIP:	*PHONE: ()
*CONTRACT REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____			
*B. PLANS SUBMITTED: <input type="checkbox"/> Utility <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Site <input type="checkbox"/> Other _____			
*C. PRESSURE REQUESTED: <input type="checkbox"/> 4 oz / 7" wc <input type="checkbox"/> 5 PSIG <input type="checkbox"/> 15 PSIG** <input type="checkbox"/> LINE PRESSURE**			
* D. YARDLINE NEEDED BY: (See Note #1 below)		** REASON IF ELEVATED LINE PRESSURE IS NEEDED:	

EXISTING BUILDING	NEW BUILDING
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E. GAS LOAD (For meter upgrade only) *					F. PROPOSED GAS LOAD *						
EQUIPMENT	Q T Y	BTU/CFH	STDBY			EQUIPMENT	Q T Y	BTU/CFH	STDBY		
			Y	N					Y	N	
TOTAL						TOTAL					
ESTIMATED MINIMUM LOAD					ESTIMATED MINIMUM LOAD						

I, the undersigned certify the following: **(Initial beside each note indicating you acknowledge)**

1. Customer is to allow **6-8 weeks for yardline scheduling and installation** from date of acceptance of application see below (+).
2. **Customer is to have stub-out installed, site leveled to final grade, and building walls and roof built, prior to yardline installation.** In addition, customer piping must pass local plumbing inspection and pressure tests, prior to meter installation, as well as be installed at a location that will allow meter to meet safety clearances from other structures as provided in TGS Meter Clearance Detail.
3. If the gas appliances on the customer's piping will not withstand the elevated pressure supplies, the customer shall install properly sized pressure regulation upstream of the appliances.
4. An existing elevated-pressure customer requiring a higher delivery pressure must have the fuel line facilities tested and certified to meet the new MAOP required.
5. All elevated-pressure requests will be reviewed and approved by local Engineering Department prior to yardline and meter installation based on rules and regulations of Texas Gas Service. (**)
6. If a customer uses equipment such as a compressor to increase pressure in fuel line piping, properly designed control equipment shall be installed to protect the Company's gas distribution system (e.g. back-pressure regulator, check valves).
7. Loads greater than 2.7 million BTU require a measurement meter fabricated to individual applications. Installation time is dependent upon material availability.

Submitted by (print):		Representing:	
Signature:		Title:	Date: / /
Received by (print):		Representing: Texas Gas Service	
Signature:		Title: Customer Development	Date (+): / /



Texas Gas Service™

A Division of ONE Gas

Post Office Box 531827
Harlingen, Texas 78553-1827
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Contact name: _____

Email address contract will be sent to: _____

Contract Information:

Legal Company Name: _____

(Company Signing Contract and Paying)

Address (No P.O. Box): _____

City: _____

State: _____ Zip: _____ (required)

Fax #: _____ Phone: _____

Company Occupying Facility: _____

Gas Service Address: _____

City: _____

State: _____ Zip: _____ (required)

County: _____



COMMERCIAL APPLICATION FOR GAS SERVICE

Forward this application to
Builder Hotline Metro Austin: slimgas-metroaustin@onegas.com

Meter Request Please call 1-866-206-9587

Office to fill out

Service Address: _____ **Account #:** _____

City _____ **County:** _____ **Zip code:** _____

Corporate Name _____

DBA _____

Mailing Address _____ **City** _____ **State: TX ZIP:** _____

Home Office Address _____

Business Phone # () _____ **Fax #** () _____

Federal Tax ID# _____ **Security Deposit#** _____

President _____ **Home Phone #** () _____

Owners Social Security # _____ **Owners Drivers License #** _____
Disregard if provided DBA

Name of Accounts Payable _____ **Phone #** () _____

BTU LOAD: _____ **CITY PERMIT #** _____

Requesting: 4ounces () 2# () 5# () **Returned # letter:** Yes () No ()

If Partnership, List Partner's Name, Address, SS# and Phone #

1. _____

2. _____

Name of Management Company _____

Mailing Address _____

Phone Number () _____ **Fax #** () _____

Name, Address & Phone # of the Owner of Property _____

Highlighted fields are mandatory, others are if applicable