



Customer Meter Set Delivery Pressure Change Form
For Existing Meter Sets Requesting Greater Than 5 PSIG

Customer Information

Customer Name _____
Street Address _____
City, State, Zip _____
Meter Set Dwg # _____ IR or AP # _____

Gas Load Parameters

Current Delivery Pressure _____ Requested Delivery Pressure _____
Gas Load (CFH or BTU/Hr) _____ Is there a gas load increase/decrease?(Y or N) _____
Pressure required at inlet to gas fuel train or control valve on equipment _____

Customer Verification

Describe reason for requested delivery pressure increase _____

Is customer fuel gas piping and related equipment sufficiently rated for requested delivery pressure Plus 10 psig? (Y or N)

Customer Representative - Name & Title _____

Customer Verification _____ Sign _____ Date _____

Design Engineering Check

Is customer meter set design sufficiently rated for requested delivery pressure and gas load?
(Y or N) _____

If No, attach letter describing meter set modifications or new design drawing.

Engineering Approval _____ Sign _____ Date _____

Engineering Approval _____ Sign _____ Date _____