



Customer Meter Set Elevated Delivery Pressure Form
For New Meter Sets Requesting Greater Than 5 PSIG

Customer Information

Customer Name _____

Street Address _____

City, State, Zip _____

Gas Load Parameters

Requested Delivery Pressure _____ Gas Load (CFH or BTU/Hr) _____

Pressure required at inlet to gas fuel train or control valve on equipment _____

Customer Verification

Describe reason for requested elevated delivery pressure _____

Is proposed 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 _____

Engineering Department Approval

Meter Set Dwg # _____ Approved Project # _____

Engineering Approval _____ Sign _____ Date _____

Engineering Approval _____ Sign _____ Date _____