

Gas Meter Set Request

Permit #: _____

Address: _____

Unit No: _____

Gas Contractor: _____

Contractor Phone No: _____

Owner/Builder: _____

Responsible Party: _____

BTU Load: _____

System Pressure / Meter Size: _____

Type & Class: _____

Scheduled date of Inspection / Meter Set: _____

Scheduled time of Inspection / Meter Set: _____

Special Comments: _____

Completed request should be faxed to: Utility Customer Service, 850-891-0901
or mailed to:

Utility Customer Service, 300 South Adams Street, Box A-2, Tallahassee, FL, 32301
Attention: Mr. Wendell Jones