



New Mexico GAS COMPANY

Application for Single-Residential Mainline Extension

Today's Date: _____

Responsible party: _____

Project Address: _____

City: _____ State: _____ Zip: _____

County: _____ Subdivision Name: _____

Legal Description: _____

Phone: _____ Cellular Phone: _____ Fax Number: _____

Mailing Address: _____ City: _____ Zip: _____

EMAIL Address: _____

Contact Person (if different than above): _____ Phone: _____

Please contact your local Planning and Zoning Department for address assignment or verification and Authorization for Utilities.

Estimated Date Gas Service Needed: _____

You must provide the following information:

Copy of Recorded Plat and Warranty Deed

Type of Construction:

Single Family Dwelling

Manufacture Home

Appliance Check List:

Gas Heat Heated Square Footage: _____

Gas Water Heat

Gas Range Hookup

Gas Dryer Hookup

Gas Fireplace

Is there any other information that New Mexico Gas Company requires to complete your request?

SIGNED: _____ DATE: _____

PRINT NAME: _____